



Fish & Wildlife
Exotic and Nongame Permits
Mail Code 501-03, PO Box 420
Trenton, NJ 08625-0420

PERMIT APPLICATION TO IMPORT GAME ANIMALS

Applicant Name: _____
Home Address: _____
City, State, Zip: _____ County: _____
Date of Birth: _____ Social Security: _____
Daytime Phone: _____ Home Phone: _____
Email Address: _____

Your permit will be emailed to you, so please be sure that your email address is legible.

Requests to Import:

Species (live): _____ Amount: _____
Species (live): _____ Amount: _____

For possession and/or breeding purposes under:

Permit Number: _____ Permit Type: _____
Contact Name or Business: _____
County (where animals will be delivered to): _____

Importing From:

Supplier Name and/or Business: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

Dealer's Permit Number: _____

Delivery will be made on the following date(s): _____
Name of Carrier: _____

The permit to import, the receipt, and a Certificate of Veterinary Inspection (CVI) must be in the possession of the carrier when entering New Jersey.

Applicant Signature: _____ Date: _____

Return to:

NJ Fish & Wildlife
Captive Game Permits
Mail Code 501-03, PO Box 420
Trenton, NJ 08625-0420

Or email to: NJWildlifePermits@dep.nj.gov