



New Jersey Department of Environmental Protection
Division of Fish and Wildlife
Captive Game Permits
1 Eldridge Rd.
Robbinsville, NJ 08691-3476

APPLICATION TO IMPORT LIVE GAME ANIMALS

Name (first, mi, last): _____
Street: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Social Security: _____
Home Phone: _____ Day/Work Phone: _____
E-mail Address: _____

REQUESTS TO IMPORT

AMOUNT: _____ **SPECIES (live)** _____
AMOUNT: _____ **SPECIES (live)** _____

For possession and/or breeding purposes under:

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

IMPORTED FROM:

Supplier Name and/or Business: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: _____

Dealer's Permit Number: _____

Delivery will be made on the following DATE/DATES:

Name of Carrier: _____

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

Signature

Date

Return to:

NJ Division of Fish and Wildlife
Captive Game Permits
1 Eldridge Rd.
Robbinsville, NJ 08691-3476

or email to: Krista.Laws@dep.nj.gov

or fax to: (609) 259-8155