

Florida Fish and Wildlife Conservation Commission

Application for

PPL – License to Possess Wildlife for Personal Use ----- \$140.00

P.O. Box 6150, Tallahassee, FL 32314-6150
(850) 488-6253

New Applicant – yes _____ no _____ Applicant ID (if renewal) _____

Applicant Name _____ **Work/Cell Phone** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Facility Address _____ **City** _____ **State** _____ **Zip** _____

County (where the facility is located) _____ **E-mail Address** _____

INVENTORY OF ANIMALS (Attach Completed Inventory Page – PPL)

All applicants (new or renewal) must provide an inventory of the animals that you are requesting the authority to possess.

REQUIRED DOCUMENTATION: CRITICAL INCIDENT/DISASTER PLAN

All Applicants (new or renewal) must provide **Part A** of their **Critical Incident/Disaster Plan**.

REQUIRED DOCUMENTATION: New Applicants (including facility relocations) must attach the following:

_____ Facility Location information form

_____ Documentation of experience from applicant _____ 2 Letters of Reference

FACILITY INFORMATION:

_____ Property is Owned

Number of Acres: _____

_____ Property is Leased **attach lease agreement**

Lease Agreement Expiration Date: _____/_____/_____
MM DD YY

FINANCIAL RESPONSIBILITY – Applicants possessing Class I Wildlife must provide one of the following:

_____ \$10,000 Check, Money Order or Cash

_____ \$10,000 Bond _____ \$10,000 Letter of Credit _____ \$2 Million Liability Insurance Policy

Expiration Date of Bond, Letter of Credit or Insurance Policy _____/_____/_____
MM DD YY

I swear and affirm that the information provided is true and correct. I agree to adhere to the provisions of Chapter 379 Florida Statutes, and the rules and regulations of the Commission pertaining to the possession of wildlife. I understand that my wildlife facilities are subject to inspection by Commission personnel as required by Florida Statute.

Owner Name (Please Print) Home Phone Owner Name (Signature) _____/_____/_____
MM DD YY

Date of Birth _____/_____/_____ Social Security # _____ Sex _____ Race _____ Height _____ ft _____ in

FOR COMMISSION USE ONLY:

Approved by _____ Date _____ Code: Class I _____ Class II _____

Denied by _____ Date _____ Reason: _____

INCOMPLETE APPLICATIONS WILL BE RETURNED

Instructions for Completing Applications

Biographical Data

Complete **all information** in this section. The information must pertain to the person (possessor/owner) applying to possess the wildlife. The facility address, including the county, should be the physical location where the wildlife is to be housed or possessed. The Florida Fish and Wildlife Conservation Commission (FWC) collects social security number (SSN) for the issuance of recreational and professional wildlife, fishing or hunting licenses or permits to an individual in accordance with s. 379.352F.S. and 42 USC 666 for the purposes of administration of the Title IV-D program for child support enforcement, use by the commission, and as otherwise provided by law.

Inventory

All applicants (new or renewal) must provide an inventory of the animals you are requesting authority to possess. The list of designated Class I and Class II wildlife species can be found on the inventory page of this application.

Provide a complete inventory of the species of wildlife for which you are applying to possess. On the inventory pages of the application, indicate only the number of specimens in each category, which you currently possess.

NOTE: Only those specimens of Class I wildlife possessed and licensed for personal use on **August 1, 1980**, or cougars or cheetahs possessed for personal use before **August 27, 2009** shall be eligible for a personal use license. **No other Class I wildlife shall be kept of personal use.**

Required Documentation—Critical Incident/Disaster Plan

Critical Incident/Disaster Plan:

A completed **Part A** (first page) must be attached with each individual and renewal application.

Required Documentation—New Applicants

Facility Location Information:

Complete and attach the captive wildlife Facility Location Information Form. This form must be submitted with all initial applications and for all facility relocations.

Notice to Applicant: This form will be provided to the local county or municipality wherein the facility is located.

Documentation of Experience:

Attach documentation of experience. Documentation of such experience shall include a description of the specific experience acquired, dates and times experience was obtained and the specific location(s) where acquired.

CLASS I: Applicants shall demonstrate no less than one (1) year of substantial practical experience (to consist of no less than 1,000 hours) in the care, feeding, handling and husbandry of the species for which the permit is sought, or other species, within the same biological family (except crocodilians which shall be in the same biological order; ratites which shall be in the same biological sub-order; and cougars, panthers or cheetahs which shall remain at the genus level) which are substantially similar in size, characteristics, behavior, habits, care and nutritional requirements to the species for which the permit is sought.

CLASS II: Applicants must document no less than one (1) year of substantial practical experience (to consist of no less than 1,000 hours) as described above, **or** demonstrate 500 hours of substantial practical experience and successfully complete a written examination (80%) which is administered by the Division of Law Enforcement. Application should not be submitted until notification by FWC that you have passed the exam.

References:

Attach two letters of reference from individuals having personal knowledge of your stated experience. Only one reference letter may be from a relative. One reference letter must be from an individual licensed by FWC for wildlife of the same or higher class and family or a professional organization or governmental institution.

Financial Responsibility

Applicant must guarantee financial responsibility by providing one of the listed types of financial responsibility. This must be provided each year when applying for possession of Class I Wildlife. Checks/Money Orders, Bonds, Letters of Credit and Insurance policies must be made payable to the Florida Fish and Wildlife Conservation Commission.

Failure to complete the application will result in application being returned and/or denied.

PPL – INVENTORY PAGE 1 of 2

WILDLIFE THAT YOU CURRENTLY POSSES IN FLORIDA: Please indicate the exact number of species you currently possess in the “QTY” field. If you do not house these species in Florida, put a zero (0) in the “QTY”.

WILDLIFE THAT YOU DO NOT POSSESS IN FLORIDA: For the species that you do not currently possess but plan to possess put a “P” in “QTY”. For species that you possess but do not house in Florida, put a zero (0) in “QTY”.

Class I					
SPECIES	CODE	QTY	SPECIES	CODE	QTY
Aardwolves	R2		Gavials	B2	
Baboon	C2		Gibbon	T1	
Baboon – Gelada	C3		Gorilla	D2	
Bear	E		Hippopotamus	H	
Caiman – Black	B3		Hyenas	R1	
Cape Buffalo	K1		Jaguar	A4	
Cheetah	A10		Komodo Dragon	L	
Chimpanzee	D1		Leopard	A3	
Cougar	A1		Leopard – Snow	A2	
Crocodiles (except Dwarf and Congo)	B1		Lion	A6	
Drills and Mandrill	C1		Orangutan	D3	
Elephants – Exhibit only	G1		Rhinoceros	F	
Elephants – Rides authorized	G2		Siamang	T2	
Gaur	K2		Tiger	A5	

NOTE: Only those specimens of Class I wildlife possessed and licensed for personal use on **August 1, 1980**, or cougars or cheetahs possessed for personal before **August 27, 2009** shall be eligible for a personal use license. **No other Class I wildlife shall be kept of personal use.**

PPL – INVENTORY PAGE 2 of 2

WILDLIFE THAT YOU CURRENTLY POSSES IN FLORIDA: Please indicate the exact number of species you currently possess in the “QTY” field. If you do not house these species in Florida, put a zero (0) in the “QTY”.

WILDLIFE THAT YOU DO NOT POSSESS IN FLORIDA: For the species that you do not currently possess but plan to possess put a “P” in “QTY”. For species that you possess but do not house in Florida, put a zero (0) in “QTY”.

CLASS II					
SPECIES	CODE	QTY	SPECIES	CODE	QTY
African Hunting Dog	O8		Jackal – Side striped	O6	
American Alligator	B6		Langur – Douc	C10	
Badger – American	P3		Langur – Snub-nosed	C11	
Badger – Honey	P2		Langur	C9	
Badger – Old World	P4		Leopard – Clouded	A16	
Binturong	Q		Lynx (All)	A8	
Bobcat	A9		Macaque (All)	C8	
Bovidae – Wild cattle; forest, woodland & aridland antelope; and similar species of non-native hoofstock	K		Mangabey	C5	
Caracal	A11		Monkey – Guereza (Colobus)	C6	
Cassowary	S2		Monkey – Howler	M1	
Celebes Ape	C7		Monkey – Patas	C13	
Chinese Alligator and Caiman	B5		Monkey – Proboscis	C12	
Coyote	O1		Monkey – Vervet, Grivet or Green	C14	
Dwarf and Congo Crocodile	B4		Ocelot	A15	
Fishing Cat	A14		Okapi	I2	
Giraffe (All)	I1		Ostrich	S1	
Golden Cat – African	A12		Sakis (All)	M3	
Golden Cat – Temminck’s	A13		Serval	A7	
Guenon	C4		Tapir (All)	J	
Indian Dholes	O7		Uakari	M2	
Indris	N		Wolf – Gray	O2	
Jackal – Asiatic	O4		Wolf – Red	O3	
Jackal – Black bearded	O5		Wolverine	P1	

CAPTIVE WILDLIFE CRITICAL INCIDENT/DISASTER PLAN INSTRUCTIONS

This two part form is to be completed and submitted or retained on file as indicated:

- **Part-A: To be completed and submitted with the initial or renewal application requesting authorization for the possession of captive wildlife.**
- **Part-B: To be completed and retained at the licensed premises where wildlife is housed or maintained. Part-B of the Captive Wildlife Critical Incident/Disaster Plan shall be made available upon request to Commission personnel. All employees and/or volunteers should be informed of the facilities critical incident/disaster plan.**

PART-A: Submitted with application for initial or renewal license/permit. Please print form with responses.

I. Applicant or Licensee Information:

NAME: Enter full name as indicated on the application for a license/permit requesting authorization for the possession of captive wildlife.

PHONE NUMBER: Enter emergency contact phone numbers for the applicant or licensee including business, home and/or cellular as applicable.

BUSINESS NAME: Enter Business name, if applicable, as indicated in the application for a license/permit requesting authorization for the possession of captive wildlife.

MAILING ADDRESS: Enter complete mailing address including City, State and Zip Code as indicated on the application for a license/permit requesting authorization for the possession of captive wildlife.

II. Facility Information: (Location where wildlife is maintained)

FACILITY ADDRESS: Enter the complete address for the facility location as indicated in the application for a license/permit requesting authorization for the possession of captive wildlife.

GPS COORDINATES: Enter the GPS coordinates in Degree, Minutes, and Seconds format for the facility's main entrance/exit. **Leave blank if the coordinates are unknown.**

III. Emergency Contact (Individual that does not reside at the facility location)

NAME: Enter the name of an individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster.

BUSINESS NAME: Enter the business name for the emergency contact if applicable.

MAILING ADDRESS: Enter the complete address including City, State and Zip Code for the individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster.

PHONE: Enter emergency contact phone numbers for another individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster. Include business, home and/or cellular numbers as applicable.

IV. Veterinarian Contact Information

NAME: Enter the name of the Veterinarian used to provide veterinary services for wildlife maintained at this facility.

BUSINESS NAME: Enter the Business name or clinic name for your Veterinarian.

MAILING ADDRESS: Enter the complete address including City, State and Zip Code for Veterinarian or Animal Clinic used to provide veterinary services for wildlife maintained at this facility.

PHONE: Enter contact phone numbers for the Veterinarian or Animal Clinic used to provide veterinary services for wildlife maintained at this facility. Include business and/or cellular numbers as applicable.

PART-B: This Part is to be kept at the facility location and made available for inspection.

I. Emergency Plan

Enter a detailed plan that specifies what to do (who, what, where, when and how) in the event of a disaster and critical incident, to include:

- Levels of Action (Pre-event, Event, and Post-event)
- Action plan for securing wildlife on site.
- Action plan for evacuation including:
 - Stating where all wildlife will be located and providing location and contact information.
 - State how long the wildlife may be maintained at this location.
- Action plan for re-entry to facility.

All employees and/or volunteers at the facility are to be familiarized with the emergency plan.

II. Capture and Transport Equipment Inventory:

CHEMICAL CAPTURE EQUIPMENT: Enter a detailed list of all equipment utilized for chemical capture (including drugs, delivery systems and supplies) and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

PHYSICAL CAPTURE EQUIPMENT: Enter a detailed list of all equipment utilized for physical capture (including catch poles, nets, tongs, and other capture equipment) and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

TRANSPORT CAGES AND VEHICLES: Enter a detailed list of all equipment utilized to temporarily house and/or transport wildlife, and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

III. Facility Information Checklist:

Attach supporting documentation that includes a schematic or graphic depiction of the facility indicating the location of the following, as applicable:

All facility access points (entrance(s) and exit(s)), diagram(s) of areas where wildlife is housed, location where emergency supplies are stored, location of each electrical and gas shut-off switch/valve.

IV. Miscellaneous Emergency Supplies Checklist:

Check applicable boxes or list any other miscellaneous emergency supplies. Document location where supplies are stored or contact information for obtaining supplies.

V. Current Animal Inventory

Attach a complete inventory of the wildlife maintained at the facility location. Include the total number of each species and any identifying methods (microchip number(s), tattoo(s), mark(s), scar(s), etc.).

PART-B is to be kept on file at the facility location and made available for inspection upon request of Commission personnel.



**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT**

CAPTIVE WILDLIFE CRITICAL INCIDENT/DISASTER PLAN



PART A: Complete and submit with initial or renewal application for license/permit. Please Print.

I. Applicant or Licensee Information:

Name: _____ Phone: () _____
Business Name: _____ Phone: () _____
Mailing Address: _____

City State Zip Code

II. Facility Information: Location where wildlife is maintained

Facility Address: _____

City State Zip Code GPS Coordinates

Flood Zone: ☐ Yes ☐ No

III. Emergency Contact: (Person not living at facility location)

Name: _____ Phone: () _____
Business Name: _____ Phone: () _____
Mailing Address: _____

City State Zip Code

IV. Veterinarian Contact Information:

Veterinarian:

Name: _____ Phone: () _____
Business Name: _____ Phone: () _____
Mailing Address: _____

City State Zip Code

I certify that as part of the critical incident/disaster plan, **Part B** of this form is maintained on file at the facility location where wildlife is housed or maintained. Furthermore said information will be made available for inspection upon request of commission personnel. Said information indicates a detailed emergency plan, inventory of capture and transport equipment, and a schematic or graphic depiction of the facility.

Name (Print) Signature Date

PART B: To be retained on file at the facility location and made available for inspection

I. Emergency Plan

(Attach additional sheets as necessary)

Specific plan of action to be taken in the event of an emergency (natural disaster, fire, etc.) and critical incident:

II. Capture and Transport Equipment Inventory

A. Chemical Capture Equipment

(☐) Not Applicable

Emergency Contact Information:

Name: _____

Phone: () -

Address: _____

Phone: () -

City

State

Zip Code

B. Physical Capture Equipment

(nets, catch poles, gloves, hooks, tongs, etc.)

Emergency Contact Information:

Name: _____

Phone: () -

Address: _____

Phone: () -

City

State

Zip Code

C. Transport Cages and Vehicles

Emergency Contact Information:

Name: _____

Phone: () -

Address: _____

Phone: () -

City

State

Zip Code

III. Facility Information Checklist

(Attach photo or drawing depiction of the facility lay out to indicate the following)

- ☐ Site plan of facility
 - ☐ Location of access points to facility if access is controlled by fences, gates, etc.
 - ☐ Location of area(s) where captive wildlife is kept
 - ☐ Location of supplies (food, medicines, capture equipment, etc.)
 - ☐ Location of each electricity and gas shutoff switch/valve
-

IV. Miscellaneous Emergency Supply Checklist

- | | | |
|---------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Water | <input type="checkbox"/> Medical Supplies |
| <input type="checkbox"/> Generator(s) | <input type="checkbox"/> Ice | <input type="checkbox"/> Misc. Supplies |

Location of storage and/or contact information for obtaining supplies

V. Current Animal Inventory (Attached)

<p>Northwest Region</p> <p>3911 Hwy. 2321 Panama City, FL 32409-1658 (850) 265-3676</p> <p>24-Hour Law Enforcement: (850) 245-7710</p>	<p>North Central Region</p> <p>3377 E. US Highway 90 Lake City, FL 32055-8795 (386) 758-0525</p> <p>24-Hour Law Enforcement: 386-758-0529</p>
<p>Northeast Region</p> <p>1239 S.W. 10th Street Ocala, FL 34474-2797 (352) 732-1225</p> <p>24-Hour Law Enforcement: 352-732-1228</p>	<p>Southwest Region</p> <p>3900 Drane Field Road Lakeland, FL 33811-1299 (863) 648-3203</p> <p>24-Hour Law Enforcement: 863-648-3200</p>
<p>South Region</p> <p>8535 Northlake Boulevard West Palm Beach, FL 33412 (561) 625-5122</p> <p>24-Hour Law Enforcement: 561-625-5122</p>	<p>Monroe and Collier County</p> <p>24-Hour Law Enforcement: 305-289-2320</p>
<p>State Warning Point</p> <p>Emergency: 1-800-320-0519 or 850-413-9911</p> <p>Non Emergency: 850-413-9900</p> <p>www.floridadisaster.org</p>	<p>Florida Department of Agriculture and Consumer Services</p> <p>Division of Animal Industry</p> <p>850-410-0900</p> <p>www.flasart.org</p>