



BIRD LICENCE APPLICATION FORM

Before completing this application form, please read the document carefully and follow all instructions. Please note the following:

- The form must be completed in **BLOCK LETTERS** using blue or black ink.
- Incomplete or incorrectly filled application forms will not be processed.
- Queries or concerns about the completion of the form must be forwarded to the Department of Natural Resources.
- Bird licences are issued annually (April to March), and are valid for 1 year.
- Processing of application may take up to **15** business days.
- Once the application has been processed and approved, the Chief Veterinary Officer of Anguilla will issue a valid licence.
- Provide a picture of a valid Government Identification
- This licence is only valid for **one** place and owner.
- Depending on the species of bird a CITES application will have to be completed

1. DETAILS OF APPLICANT (INDIVIDUAL)

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Doctor <input type="checkbox"/> Other _____						
LAST NAME:			MIDDLE INITIAL (S):		FIRST NAME:	
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>		DATE OF BIRTH	<i>dd</i>	<i>mm</i>	<i>yyyy</i>
CONTACT INFORMATION						
TEL.# 1 (_ _ _) - _ _ _ - _ _ _ _						
1 (_ _ _) - _ _ _ - _ _ _ _						
Email: _____						
ADDRESS _____						

2. DETAILS OF APPLICANT'S CONTACT

If applicable, kindly provide the following information for a person whom you authorize to act on your behalf in the processing of this application.

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Doctor <input type="checkbox"/> Other _____						
LAST NAME:			MIDDLE INITIAL (S):		FIRST NAME:	
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>		DATE OF BIRTH	<i>dd</i>	<i>mm</i>	<i>yyyy</i>
CONTACT INFORMATION						
TEL.# 1 (_ _ _) - _ _ _ - _ _ _ _						
1 (_ _ _) - _ _ _ - _ _ _ _						
Email: _____						
ADDRESS _____						



3. EXPORTER

(A) PERSONAL CONTACT INFORMATION [IF A BUSINESS SKIP TO (B)]

MR. <input type="checkbox"/>		MRS. <input type="checkbox"/>		MISS <input type="checkbox"/>		DOCTOR <input type="checkbox"/>		OTHER _____	
LAST NAME			MIDDLE INITIAL(S)			FIRST NAME			
GENDER	MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		DATE OF BIRTH		<i>dd</i>	<i>mm</i>	<i>yyyy</i>
CONTACT INFORMATION: TEL.#					EMAIL:				
ADDRESS									

(B) BUSINESS CONTACT INFORMATION [IF NOT A BUSINESS IGNORE (B)]

NAME OF BUSINESS:	
CONTACT INFORMATION: TEL.#	EMAIL:
ADDRESS	

4. INTENDED LOCATION OF THE BIRD(S) IN ANGUILLA

Address	
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TENURE OF PREMISES: OWNED RENTED: LEASED:
 OTHER (PROVIDE DETAILS) _____
 PROOF OF TENURESHIP: _____

5. PROPOSED SHIPMENT(S)

COUNTRY OF EXPORT	NO. OF PLANNED IMPORTS	BIRDS (COMMON NAME)	QUANTITY



DEPARTMENT OF
**NATURAL
RESOURCES**
ANGUILLA

Old Police Barracks
Parliamentary Drive
P.O. Box 60
The Valley, Anguilla
AI-2640
Telephone No.: 1264-497-0217
Email: natural.resources@gov.ai

QUESTIONS 6 – 9 REFER TO AN EXHIBITION. IF THIS IS NOT THE INTENDED PURPOSE SKIP TO 10

6. START AND COMPLETION DATES FOR THE EXHIBITION

Start Date: (dd) _____(mm) _____ (yyyy)_____	End Date: : (dd) _____(mm) _____ (yyyy)_____
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The dates mentioned are confirmed Proposed

7. STATE THE ACTIVITIES TO BE DONE WITH BIRDS DURING THE EVENT. (E.G. ATTRACT AND FEED BIRDS)

8. PERSON IN CHARGE OF THE OPERATION/EVENT

Who is in charge of the operation/event? The applicant Applicant’s Contact

9. LOCATION OF EXHIBITION

Address	
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10. DECLARATION

I, the undersigned, hereby declare that the information provided on this form is true and correct. I also understand that any wilful dishonesty may render a refusal of this application or immediate termination. I also agree to abide by the rules and regulations, and not to violate said rules and regulations of the Government of Anguilla.

_____	_____	dd _____ mm _____ yyyy _____
PRINT NAME	SIGNATURE	DATE

15: APPLICANTS CHECK LIST

- All questions on application form completed, signed and dated
- Supporting documents are attached.
- Fees enclosed – cheque or money order or receipt as proof of payment



FOR OFFICIAL USE ONLY

GRANT

REFUSE

REASONS FOR REFUSAL(IF APPLICABLE):

LICENCE #:

LICENCING OFFICER:

POSITION:

SIGNATURE

dd _____ *mm* _____ *yyyy* _____
DATE