

**PLEASE ALLOW A MINIMUM OF 30 DAYS FOR REVIEW!**

**ILLINOIS NATURE PRESERVES COMMISSION**

**APPLICATION FOR SPECIAL-USE PERMIT**

NAME:

POSITION:

ADDRESS:

DATE OF BIRTH: PHONE NUMBER: E-MAIL ADDRESS:

GENERAL FIELD OF INTEREST, PROFESSIONAL QUALIFICATIONS AND INSTITUTIONAL AFFILIATION:

**PROPOSED VISITS AND ACTIVITIES**

NAME OF PRESERVE(S) or LAND AND WATER RESERVE(S) AND COUNTY:

FREQUENCY AND LENGTH OF VISIT:

DURATION OF PROJECT (WITH DATES):

GENERAL DESCRIPTION OF ACTIVITIES (INCLUDE NUMBER IN PARTY AND USE OF EQUIPMENT IN PRESERVE):

OBJECTIVE OF PROJECT:

METHODS AND PROCEDURES:

RECORDS TO BE KEPT:

**COLLECTING (INCLUDING CAPTURE AND RELEASE)**

SPECIES OR MATERIAL:

NUMBER OF SPECIMENS:

DISPOSITION OF SPECIMENS:

METHODS OF COLLECTING:

OTHER DISTURBANCES TO BE MADE:

OTHER PERTINENT INFORMATION(LIST ALL PERMITS HELD):

BY MY SIGNATURE, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE PERMIT REQUIREMENTS ON THE BACK OF THIS APPLICATION AND THAT THE ABOVE SUPPLIED INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

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