

**NORTH CAROLINA WILDLIFE RESOURCES COMMISSION
REPORT OF WILDLIFE AMPHIBIAN AND REPTILE POSSESSION ACTIVITY**

COLLECTOR: _____ PERMIT NUMBER: _____
(Name, Agency or Institution)

ADDRESS: _____ TELEPHONE: _____

SPECIES OF WILDLIFE POSSESSED

COMMON NAME	SCIENTIFIC NAME	QUANTITY	COUNTY	DATE	DISPOSITION	PURCHASED FROM	COLLECTORS LICENSE NUMBER
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							

I submit this report in accordance with the requirements of 15 NCAC 10H .1302 and certify the information contained herein to be correct.

Signature

Date

RETURN COMPLETED REPORT TO: N.C. Wildlife Resources Commission 1707 Mail Service Center, Raleigh, NC 27699-1707