CAPTIVE WILDLIFE
REPORT OF ANIMALS IMPORTED

Name _____ _____
Importation Permit No.

Address _____

City_____State: _____ Zip:_____ Date_____

Email_____

SPECIES	NUMBER	AGE	NAME & ADDRESS OF SOURCE (and permit no. if required)

(For additional species, attach a supplemental sheet.)

NOTE—All animals (except Class III) imported into Tennessee must be reported on this form within 5 days of shipment, pursuant to TCA 70-4-411, subsection (b).

_____ _____
Signature Date

Return completed forms to:
TWRA Law Enforcement Division
5107 Edmondson Pike Nashville, TN 37211
Fax: 615-781-6680
Email: TWRA.PermitProgram@tn.gov

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