**Application for Consideration of a New Request to Import Wildlife Species**

***How to fill out this application***

* Make sure the requested species for import is not on the White List or the Black List on the Israel Nature and Parks Authority website.
* Type in all the information on the form by computer. A form that is missing information or is filled out by hand will be returned to the applicant and will not be processed.
* Email the completed form to: import@npa.org.il.
1. Name of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business license number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; additional phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Purpose of import: breeding/commerce/research (cross out irrelevant option/s)
2. Country of export\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of breeding facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Consideration of Import of a New Wildlife Species (Continued)**

**Use this form only and type in the information by computer.**

**The maximum number of species for consideration is four per registered importer. A form that lists more than four species will be returned to the applicant and will not be processed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For official use** | **\*Code** | **Common name** | **Full Latin name** | **Number** |
|  |  |  |  | 1 |
|  |  |  |  | 2 |
|  |  |  |  | 3 |
|  |  |  |  | 4 |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of applicant