Florida Fossil Collecting Permit Application

This application is for a permit that will entitle the person named on the permit to collect, for the period of one (1) year, vertebrate fossils on land owned or leased by the State of Florida. The permit holder must abide by all the provisions contained in Florida Statutes § 1004.575-576 implementing this law. If the permit holder is the legal guardian of minor children, then they can collect fossils under the supervision of the permit holder (although minors can also be issued their own permits). See also http://www.flmnh.ufl.edu/vertpaleo/amateur-collector/fossil-permit/permit-application/

This form is only for those individuals who have never had a Florida Fossil Permit. Persons who already have a permit or had one at any time in the past and wish to renew it must not use this form. Consult https://www.flmnh.ufl.edu/vertpaleo/amateur-collector/fossil-permit/permit-renewal/.

Mail completed application to:
Program of Vertebrate Paleontology
1659 Museum Road, Dickinson Hall
Gainesville, FL 32611-7800, USA

The following must be enclosed with the filled-out application:
1. Photocopy of applicant(s) identification document (driver's license, birth certificate, passport).
2. Check or money order for $5.00 per applicant in U.S. currency, payable to the University of Florida. If you are sending multiple applications, include one check for the total amount, not multiple checks of $5. PLEASE DO NOT SEND CASH. PLEASE REMEMBER TO SIGN YOUR CHECKS AND MONEY ORDERS!
3. If you have a US address and are requesting 3 to 5 permits, please include $1 for the extra postage. Please add $1 for every 3 additional permits to be mailed.
4. For permits mailed to an address outside of the US, including Canada and Mexico, please include $2 for 1 to 2 permits. Please add $2 for every 3 additional permits to be mailed.

Disclaimer: Applications, forms of identification, checks, and/or money orders not properly submitted or filled out will cause a serious delay in receiving your permit.

Applicant's Full Name (must match that on identification document):

____________________________________

Complete Mailing Address (include street name, city, state and zip code):

__________________________________________________________________

Telephone (include area code): _________________________________

E-mail address: _______________________________________________________

I, the undersigned, affirm that I will abide by Florida Statutes § 1004.575-576 and the Regulations of the Program of Vertebrate Paleontology.

__________________________                           __________________
Signature                               Date