



## APPLICATION FOR A WILDLIFE RESEARCH AND SPECIMENS COLLECTION PERMIT

- Completed form should be returned to the office of the Deputy Director, Biodiversity Research & Monitoring, KWS Hqs.
- This application should be accompanied with a copy of a detailed research proposal, and letter of acceptance for storage/preservation of biological materials from a recognized Institution.
- Permits are issued for a maximum period of 12 months, with annual renewals subject to receipt of a satisfactory progress report.

### PART I- DETAILS OF APPLICANT

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#### INDIVIDUAL APPLICANTS

NAME OF APPLICANT \_\_\_\_\_

SEX M  F  (First) (Middle) (Surname))

INSTITUTION \_\_\_\_\_

AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTRY \_\_\_\_\_

IDENTITY NO/PASSPORT NO. \_\_\_\_\_

EMAIL \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

#### RESEARCH INSTITUTION / UNIVERSITY APPLICATION

NAME OF APPLICANT \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_

*(Attach copy of certificate of registration)*

INSTITUTION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
COUNTRY \_\_\_\_\_

OFFICE TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

Name and contact details of the Principal Investigator in regard to this application and the position held in the organization

NAME \_\_\_\_\_

CONTACT DETAILS \_\_\_\_\_

POSITION \_\_\_\_\_

**NON-GOVERNMENTAL INSTITUTION (NGO) APPLICATION**

NAME OF APPLICANT \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_

*(Attach copy of certificate of registration)*

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTRY \_\_\_\_\_

OFFICE TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

Name and contact details of the Principal Investigator in regard to this application and the position held in the organization

NAME \_\_\_\_\_

CONTACT DETAILS \_\_\_\_\_

POSITION \_\_\_\_\_

**FOR ALL APPLICANTS**

Have you ever been convicted of any criminal violation relating to wildlife, in Kenya or in any other jurisdiction? Yes  No

If yes, please list and explain type of violation and country in which the violation occurred:

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Have you ever had a wildlife- related permit or license suspended or revoked?

Yes  No

If yes, explain \_\_\_\_\_

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

## **PART II- DETAILS OF PERMIT**

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TYPE OF APPLICATION:

NEW APPLICATION

RENEWAL- CURRENT PERMIT NO. \_\_\_\_\_ GRANTED ON \_\_\_\_\_

TYPE OF RESEARCH \_\_\_\_\_

*(Educational, Professional, Institutional, Bioprospecting, Commercial etc.)*

PURPOSE OF COLLECTION (CHECK ALL THAT APPLY)

Species management

Biomonitoring

Environmental monitoring

Species survey

Instructional

Research

Others, specify \_\_\_\_\_

DURATION OF PERMIT \_\_\_\_\_

*(Where applicable, state period during the year in months for which permit is required)*

## **PART III-DETAILS OF SPECIES / SAMPLES FOR RESEARCH**

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CONSERVATION AREA FOR THE RESEARCH \_\_\_\_\_

TIME OF STUDY DAY  NIGHT

METHOD OF STUDY (Handling only or collection and frequency)

TARGET SPECIES/ SAMPLE: \_\_\_\_\_

SCIENTIFIC NAME \_\_\_\_\_

COMMON NAME (if any) \_\_\_\_\_

PARTS/ MATERIAL FOR STUDY \_\_\_\_\_

*(E.g. flowering stems, fruits (nuts), seeds, leaves, whole plants, cuttings, soil, animal dung or other categories).*

STATE OF SAMPLE \_\_\_\_\_

*(E.g mature or young parts of a plant, dry dung, fresh dung, water, mud or dry soil, animal carcass, blood etc)*

COLLECTION METHOD (Check all applicable methods)

**Aquatic samples:**

- |  |   |
|--|---|
| <input type="checkbox"/> Dip nets                      | <input type="checkbox"/> Aquatic kick samples   |
| <input type="checkbox"/> Hook and line                 | <input type="checkbox"/> Nets-Trap              |
| <input type="checkbox"/> Scuba                         | <input type="checkbox"/> Substrate grab sampler |
| <input type="checkbox"/> Seine nets                    | <input type="checkbox"/> Scornel                |
| <input type="checkbox"/> Other methods (specify) _____ |   |

**Terrestrial samples:**

- |  |   |
|--|---|
| <input type="checkbox"/> Collection by hand    | <input type="checkbox"/> Nocturnal        |
| <input type="checkbox"/> Live traps            | <input type="checkbox"/> Hand nets        |
| <input type="checkbox"/> Foot-hold traps       | <input type="checkbox"/> Audio            |
| <input type="checkbox"/> Terrestrial mist nets | <input type="checkbox"/> Visual encounter |

Kill traps  Lures  
 Others (specify)\_\_\_\_\_

APPROXIMATE NUMBER/QUANTITIES REQUIRED

\_\_\_\_\_

**Disposition:** If samples will be preserved or retained in a lab, indicate the museum or *ex-situ* institution where specimens will be housed

INSTITUTION\_\_\_\_\_

COUNTRY\_\_\_\_\_

LOCATION DESCRIPTION\_\_\_\_\_

SUB-PERMITTEES/FIELD COLLECTORS (List all)

Name\_\_\_\_\_ Institution\_\_\_\_\_

Role in the project\_\_\_\_\_

Name\_\_\_\_\_ Institution\_\_\_\_\_

Role in the project\_\_\_\_\_

*(Attach a separate sheet for all other accompanying collectors)*

**PART IV-DETAILS OF RESEARCH**

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NAME AND IDENTIFYING NUMBER OF RESEARCH PROJECT\_\_\_\_\_

\_\_\_\_\_

NAME OF INSTITUTION\_\_\_\_\_

FACULTY\_\_\_\_\_

LAND TO WHICH APPLICATION RELATES\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Specify and identify each piece of land to which this application relates by reference to lot, location, plot number, county.)*

**PART V-FINAL**

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**OTHER DOCUMENTS** *(Check if attached)*

- Personal qualifications to perform the research;
- Research proposal of not less than 1000 words indicating;
- Location(s) where the research shall be conducted and where collected wildlife samples and/or specimen will be maintained;
- Name and address of the facility to be used as a study center;
- Proposed number of field research assistants and technicians;
- Recommendation from the supporting Faculty or institution and in the case of an independent researcher, a recommendation from a recognized institution with a Faculty teaching or dealing in wildlife research or education
- Compliance with ethical issues

*I hereby apply for a permit and swear by signature that the information submitted in this application and supporting documents is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to criminal penalties. I further state that I will abide by all applicable laws (National and International), those governing wildlife and the terms and conditions of this permit.*

*SIGNATURE OF APPLICANT* \_\_\_\_\_ *DATE* \_\_\_\_\_

**Note:**

- Prescribed research permit fees payment shall be made upon approval of this application.
- This application will be considered and an outcome will be submitted to the applicant within 60 days from the date of receipt.

**OFFICIAL USE ONLY**

NAME OF REVIEWING OFFICER(S) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PERMIT APPROVED  DECLINED

If declined, reason(s) \_\_\_\_\_

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