



**Rhode Island Department of Environmental Management**

**Division of Fish and Wildlife**  
235 Promenade Street  
Providence, RI 02908

401 222-4700 x 2301  
Fax 401 222-2445  
TDD 401 222-4462

Office of Boat Registration & Licensing  
3rd Floor, Room 360 (401) 222-6647

**STATE OF RHODE ISLAND**  
**APPLICATION FOR PROPAGATING LICENSE – IMPORT AND RELEASE, AND**  
**FIELD TRIALS**  
**R.I. GL § 20-17-1:11, 20-2-29 and 20-19-1**

**Type of Application:**

- (a) Artificial propagation (raised and reared outside of Rhode Island) and sale of live game: twenty-five dollars (\$25.00).
- (b) Liberation of game for Field Trial: five dollars (\$5.00).

**Business/Club/Preserve Name:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **RIHFID#** \_\_\_\_\_ (optional)

The following sheet should be printed or copied once for each species of bird that will be brought to Rhode Island.

This permit is valid for one year from the date that it is signed and released. Applications will not be signed until the appropriate fees are collected; to avoid delay please send fees with the completed application. Any birds brought into, held in, or released in Rhode Island, outside of the valid dates will require an additional permit.

Notes: Checks/Money Orders payable to State of RI – DEM & mail or deliver to the address below Mail to: RI DEM, 235 Promenade St., Room 360, Providence, RI 02908.

Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Type of bird to be brought into Rhode Island (list each species separately)**

Species of bird: \_\_\_\_\_

Please note any a-typical color variants: \_\_\_\_\_

Source of birds:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Quantity of males \_\_\_\_\_ Quantity of females \_\_\_\_\_

Date of Acquisition/Importation: \_\_\_\_\_

List any auxiliary markers attached to the bird (e.g., numerical leg band [include sequence], colored leg bands, etc.): \_\_\_\_\_

**Health certification (Imported game must be accompanied by either health certification listed below, and certification records must be available upon request)**

- Source flock of Birds is enrolled the NPIP and are imported with an accompanying 9-3 form.
- Individual birds have been examined and tested by a Veterinarian in the State of origin and meet the requirements of 250-RICR-40-05-1.

**List the destination of the birds. Please list release locations if not the same as storage facilities. If multiple, list all locations (Lat., Long.)**

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

**Purpose of importation and/or release (e.g., shooting preserve hunt, dog trial, etc.)**

\_\_\_\_\_

**Will the game be liberated for a Field Trial: ( Yes / No )**

**If yes, list the location, date, and number of birds to be used for each Field Trial:**

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

**What is the plan for birds that do not survive transport, succumb during holding period and/or the remainder of the carcasses that are not used for consumable meat?**

\_\_\_\_\_

Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, the undersigned swear that the above is true to the best of my knowledge and that this application includes all the planned importations and activities planned governed under the use of this propagation permit. I have read and understand the Rhode Island code regarding animal husbandry, care and welfare. I also understand that any additional importations beyond the scope included in this permit will require a separate permit including all associated fees. Signature below attests knowledge and understanding of the following laws and regulations:

Rhode Island General Laws:

CHAPTER 4-1 Cruelty to Animals

<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-1/INDEX.HTM>

CHAPTER 4-4 Animal Diseases in General

<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-4/INDEX.HTM>

CHAPTER 4-19 Animal Care

<http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-19/INDEX.HTM>

CHAPTER 20-2 Licensing

<http://webserver.rilin.state.ri.us/Statutes/Title20/20-2/INDEX.HTM>

CHAPTER 20-13 Hunting and Hunting Safety

<http://webserver.rilin.state.ri.us/Statutes/Title20/20-13/INDEX.HTM>

CHAPTER 20-17 Artificial Propagation of Game

<http://webserver.rilin.state.ri.us/Statutes/Title20/20-17/INDEX.HTM>

CHAPTER 20-19 Field Trials and Shooting Preserves

<http://webserver.rilin.state.ri.us/Statutes/Title20/20-19/INDEX.HTM>

*Rules and Regulations Governing the Importation of Domestic Animals*

<https://rules.sos.ri.gov/regulations/part/250-40-05-1>

*Rules and Regulations Governing Livestock Welfare*

<https://rules.sos.ri.gov/regulations/part/250-40-05-5>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official DEM Use Only:**

Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit # \_\_\_\_\_

Signature of approver: \_\_\_\_\_



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**STATE OF RHODE ISLAND**  
**APPLICATION FOR PROPAGATING LICENSE – PROPAGATE AND RAISE**  
**R.I. GL § 20-17-1:11 and 20-2-29**

**Type of Application:**

- (a) Raising game for liberation: five dollars (\$5.00).
- (b) Commercially raise for sale: twenty-five dollars (\$25.00).

**Business/Club/Preserve Name:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **RIHFID#** \_\_\_\_\_ (optional)

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Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Type of bird (including eggs and or chicks) to be brought into Rhode Island (list each species separately)**

Species of bird: \_\_\_\_\_

Please note any a-typical color variants: \_\_\_\_\_

Source of birds:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Quantity of males \_\_\_\_\_ Quantity of females \_\_\_\_\_ (assume 50% if unknown)

List any auxiliary markers attached to the bird (e.g., numerical leg band [include sequence], colored leg bands, etc.) \_\_\_\_\_

**Health certification (Imported game must be accompanied by either health certification listed below, and certification records must be available upon request)**

- Source flock of Birds is enrolled in the NPIP and are imported with an accompanying 9-3 form.
- Individual birds have been examined and tested by a Veterinarian in the State of origin and meet the requirements of 250-RICR-40-05-1.

**List the destination of the birds. Please list release locations if not the same as storage facilities. If multiple, list all locations (Lat., Long.)**

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

Date of arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_

**What are the dimensions of the facility where the birds will be bred and raised? (list each enclosure used separately).**

\_\_\_\_\_

**Describe the facilities that will be used to hold and rear birds including anticipated sources of food and water (e.g. daily check of stationary feeder sites).**

\_\_\_\_\_

Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

What is the plan for birds that do not survive transport, succumb during holding period and/or the remainder of the carcasses that are not used for consumable meat?

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

I, the undersigned swear that the above is true to the best of my knowledge and that this application includes all the planned importations and activities planned governed under the use of this propagation permit. I have read and understand the Rhode Island code regarding animal husbandry, care and welfare. I also understand that any additional importations beyond the scope included in this permit will require a separate permit including all associated fees. Signature below attests knowledge and understanding of the following laws and regulations:

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CHAPTER 4-19 Animal Care

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*Rules and Regulations Governing Livestock Welfare*

<https://rules.sos.ri.gov/regulations/part/250-40-05-5>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official DEM Use Only:**

Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit # \_\_\_\_\_

Signature of approver: \_\_\_\_\_