

App. No.:

**PRODUCTION SYSTEMS LICENCE APPLICATION FORM (ADMINISTRATIVE)**

Paid       Receipt Number       Date on receipt

Type of application

New       Renewal       Amendment

Type of Production System Licence being applied for.

Ranching       Breeding       Artificial propagation

Personal Information

First Name       Surname       Date of Birth       Age

**Gender**      **Nationality**      **Status**  
Male     Female             Resident     Non Resident

If non-resident, please state country of residence.

**National Identification Document Type**

Identification No:

Driver's Licence     Passport     Identification Card

TIN

**Contact Information**

**Home**

Lot                  Address

                

City/Town/Village

Region No.

**Phone No.**

Home

Mobile.

Email

**1. Business**

                 Company/Business name

Lot                  Address

City/Town/Village

Region No

Address of Operation

Phone No.

Email



**Documentation**

The submission of the following supporting documents is required for the consideration of this application. Please indicate which documents are included at the time of submission.

- Land title / Lease Agreement/ Tenancy Agreement
- Evidence of 'no objection' from the Environmental Protection Agency (EPA)
- Certificate of Incorporation and Notice of Directors and/or Business Registration
- Other

If other, please state \_\_\_\_\_

**Previous Convictions**

Have you been convicted of any offence in Guyana under the Wildlife Conservation and Management Act 2016?

Yes  No

If "Yes" give details below:

Year	Region	Town
<input type="text"/>	<input type="text"/>	<input type="text"/>

Brief Description of offence

Have you ever applied to the GWCMC for a licence? Yes  No

If your application was successful, please provide us with your licence details

Name on Licence: .....

Type of licence (1): ..... Licence number: .....

Type of licence (2): ..... Licence number: .....

Voluntary Disclosure

Is there anything you wish to state, that you believe should be considered during the review process for your application? If so, please indicate below:

**NOTE: This application form must be filled out accurately and completely and supporting documents must be submitted where required. Incomplete applications may be rejected.**

**Declaration by Applicant**

I, the undersigned, accept that there are penalties under the Wildlife Conservation and Management Act 2016 (Section. 67) for making a false declaration and that any licence and/or permit issued as a result of false information will be canceled. This may affect my eligibility to keep wildlife for any purpose. All details provided by me on this form are true and correct. I give my consent to providing all relevant records and information requested by the Guyana Wildlife Conservation and Management Commission.

Signature

Date

**Declaration by person preparing application other than applicant**

I hereby certify that this was prepared by me on the basis of information of which I have knowledge.

Signature

Identification Number

Phone #

Date

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**FOR OFFICIAL USE ONLY**

State of application at submission

Complete  In Complete

Remarks

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Decision of GWCMC:

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\_\_\_\_\_  
Signature  
Commissioner

\_\_\_\_\_  
Signature  
Secretary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# **CAPTIVE BREEDING APPLICATION FORM**

## **(TECHNICAL)**

Dear Applicant,

Thank you for your interest in being part of the captive breeding program. The program provides a unique opportunity to conserve our diverse national animal collection by minimizing factors which can eventually threaten the survival of the species in the wild.

The breeding of animals in captivity for commercial purposes is regulated by part IV of the Wildlife Conservation and Management Act 2016. Before commencing your captive breeding operation, the application must be reviewed by the Wildlife Scientific Committee, regardless of the CITES status of the species.

Please complete the application in its entirety to facilitate the quick processing of your application.

### **Completing the Application**

- The application requires supporting documentation.  
The documentation must be completed and attached to the application. Please note that non-submission and incomplete submissions may result in a delay in the processing of your application.
- Unsigned forms will not be processed
- Please plan ahead. Allow 60 days for your application to be processed once all required documentations are submitted.
- Ensure that the proposed location for the facility has been approved by the relevant authorities.
- Once approval is given a fee of \$50,000 GYD is payable to the Commission on an annual basis.



**APPLICATION NO.....**

**Name of Applicant** (If the applicant is a company, state the name of the Company. If the Applicant is the owner of a Registered Business Name, state the name and the name(s) of the owner(s). If Applicant is applying in his/her name, state the name of the Applicant.

Email Address:	Telephone Number:	Occupation:
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Address of Applicant:

Business Entity Represented:	Position:
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Business Email Address:

Business Address:

Description of the Business:

Address of Proposed Breeding Facility (If different from above)

Business Telephone Number(s)
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<b>SPECIES TO BE BRED</b>		
<b>1. Scientific Name</b>	<b>2. Common Name</b>	<b>3. CITES Status</b>

4. If applicable, in the space provided below, please indicate the number of years the facility maintained the requested species or similar species.

5. Is this the only captive breeding program at the facility?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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6. If your answer is no to the question above, please indicate the scientific and common name of the other species.

<b>Scientific Name</b>	<b>Common Name</b>	<b>CITES Status</b>

**7. Indicate Source of Parental Stock**

<b>Wild Specimen</b>	<b>Captive Specimen</b>	<b>Bred</b>	<b>Ranched Specimen</b>
<b>Area of collection:</b>	<b>Name and ID no. of Captive Operation</b>	<b>ID no. of Breeding</b>	<b>Name and ID of Ranching Operation</b>

**8. Requested Quantity**

<b>Total Number</b>	<b>Males</b>	<b>Females</b>

**9. Purpose for Captive Breeding<sup>1</sup>**

International Trade of live specimens	<input type="checkbox"/>
International Trade of hides/skins	<input type="checkbox"/>
International Trade of other derivatives (Including but not limited to bones, feathers, teeth, hair, organs)	<input type="checkbox"/>
International Trade of Meat	<input type="checkbox"/>
Domestic Consumption/Commercial Trade	<input type="checkbox"/>
Conservation for Release	<input type="checkbox"/>
Ex-situ Conservation <sup>2</sup>	<input type="checkbox"/>
In-situ Conservation	<input type="checkbox"/>

<sup>1</sup> Please note that multiple options can be selected

<sup>2</sup> Ex-situ Conservation is the preservation of components of biological diversity outside their natural habitats.

**10. Indicate intended marking system for distinguishing between specimens.**

**11. Intended utilization stage**

**12. Expected Markets**

**13. Management of Environmental Risk**

**14. Attach resume of senior personnel identify to manage the captive breeding operation.**

## **CBA 1. DESCRIPTION OF FACILITY**

1. Please provide a detailed description of:
  - a) All materials used including construction materials
  - b) Protection from the elements
  - c) Program for managing animals during renovations
  - d) Diagrams, plans and photographs of the facility



## **CBA 2. CAPTIVE BREEDING TECHNIQUE**

Provide full description of how the breeding stock will be managed to produce offspring

### **CBA 3. HEALTH CARE PROPHYLAXIS**

#### **I. DIET**

Composition
Frequency
Method of Delivery
Quantity per adult animal

#### **II. PROGRAM FOR DE-PARASITIZING**

##### **a) Internal Parasite**

Name of Drug
Frequency
Method of Administration
Dosage

##### **b) External Parasite**

Name of Drug
Frequency
Method of Administration
Dosage

#### **III. OTHER DRUGS TO BE UTILIZED AS PART OF HEALTH CARE PROPHYLAXIS**

**DECLARATION OF APPLICANT**

I declare that the particulars provided by me in this application, including attachments, are true and correct in every detail.

Name of applicant or authorized person if the applicant is an organization.

Signature of applicant

Date signed by applicant

For Official Use

*Received by: .....*

*Date: .....*

*Status: complete ---- incomplete ---*

*For inquires please contact the us at the*

**Guyana Wildlife Conservation and Management Commission**

*Ganges Street, Sophia, Georgetown, Guyana.*

592 223-0940

wildlifescientificcommittee@gmail.com