



Restricted Snake Possession Permit Application Instructions

Below is a listing of the required forms to be completed for a restricted snake possession permit.

1. Restricted Snake Possession Permit Application form.
2. Bond form or a Certificate of Insurance from insurance agency, if applicable.
3. For those applicants requesting waiver of the written examination requirements regarding care of their snakes, proof of two years' experience in care for each animal in their possession. Such proof should include time spent actually caring for such animals and the location such experience took place, any professional or work experience in caring for the animals, and any education. If you were previously licensed, you must provide proof of licensure.
4. A written plan of action if one of the animals listed escapes.
5. A letter from the Sheriff of the county where the animals are held acknowledging receipt of the written plan of action.
6. A letter from the chief law enforcement officer and fire chief of the township or municipal corporation where the animals are held acknowledging receipt of the written plan of action.
7. Signed Background Check Permission & Release form, fee for background check, and completion of electronic fingerprinting. Applicant will need to schedule a time with a WebCheck Facility (locations are provided on the ODA Website) to complete electronic fingerprinting, and must have the fingerprinting completed before the application will be accepted. **Appointments at the ODA WebCheck location may be made by calling 614-728-6220. *Please note that background checks may take up to 30 days to complete after fingerprints are submitted.***
8. If applicable, an E-1 form listing applicant's employees.
9. Affidavit regarding compliance with facility and care standards as provided in the Ohio Administrative Rules.
10. Affidavit regarding no public contact with any restricted snakes in possession of applicant if applicable.

You must have the following on file prior to being scheduled for examination.

1. Properly completed application, printed or typed.
2. For initial or new applicants, a surety bond or certificate of insurance is required as a part of permitting. The bond or certificate of insurance must be written in the exact name that is stated on the RESTRICTED SNAKE POSSESSION PERMIT APPLICATION. BONDS MUST HAVE A BOND NUMBER AND BE SIGNED. Bond amount must be in the amount required for the number of snakes.
3. Appropriate permit fee. A check or money order needs to be made payable to Treasurer, State of Ohio. Ohio permits are issued annually.

After all forms and proofs have been filed and if you meet the requirements, you will be notified, by mail, of the date, time and place of examination, if applicable. The examination is given four (4) times a year. Your permit will be issued if you meet all the requirements and pass the examination.

ALL INCOMPLETE/INCORRECT APPLICATIONS WILL BE RETURNED, UNPROCESSED.



Application for Restricted Snake Possession Permit

New Applicant

Name of Applicant to be licensed: _____

Doing business as: _____

SSN or TIN, as applicable: _____

Type of Organization: Individual Partnership LLC Corporation Other (specify) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Holding Facility Address: _____ City: _____ State: _____ Zip: _____ County: _____
(if different than mailing address where snake will be held)

Telephone No.: _____ Fax No.: _____ Cell Phone No. _____ Email: _____

Date of Birth of Applicant, and Date of Incorporation if Entity: _____ / _____

State of Incorporation if Entity: _____

*Description of Restricted Snakes in Applicant's Possession**

1. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	

2. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	

3. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	

*Please use additional sheets if needed.

Check the proof of financial responsibility, listed below, to be adopted by the applicant:

- (a) A bond subject to the approval of the Director that covers claims for injury or damage to persons or property caused by the restricted snakes listed; or (*Please attach a copy of the Certification of Bond from the providing company*)
- (b) Liability Insurance that covers claims for injury or damage to persons or property caused by the restricted snakes listed. (*Please attach a copy of the Certification of Insurance from the providing company*)
- (c) Not applicable as applicant only possesses those restricted snakes specified in division (L)(1) of section 935.01 of the Revised Code.

Any financial responsibility adopted by the applicant must be in the following amounts:

- (i) \$100,000 per occurrence if applicant possesses 5 or less restricted snakes;
- (ii) \$250,000 per occurrence if applicant possesses 6 – 15 restricted snakes;

FOR OFFICE USE ONLY
DATE RECEIVED STAMP



(iii) \$500,000 per occurrence if applicant possesses 16 or more restricted snakes.

Has any applicant on this application ever been convicted of a felony, or any crime related to cruelty to animals, escape of dangerous animals, or prohibitions concerning companion animals?

Yes No

Please provide a signed Background Check Permission & Release Form, applicable fee, and schedule an appointment for electronic fingerprinting

Check the proof of experience applicant has in the care of each restricted snake in applicant's possession, or if applicant will be taking the written examination:

Applicant has two years of experience in the care of each snake listed on this application. Proof of such experience is attached.

Please provide a separate piece of paper identifying all experience, work experience, and education which applicant has in the care of each animal identified on this application

Applicant will be taking the written examination as provided by the ODA for the following snakes: _____

(c) Not applicable as applicant only possesses those restricted snakes specified in division (L)(1) of section 935.01 of the Revised Code.

Veterinarian: _____ Alternate Veterinarian: _____

Phone No.: _____ Phone No.: _____

Please include a written statement from a veterinarian stating veterinarian is willing to provide veterinary care to an applicant's restricted snake(s) when care is needed

Does the applicant have a written plan of action if one of the restricted snakes listed escapes, and if so, has the plan of action been submitted to the sheriff of the county where the snakes are held, and the chief law enforcement officer and fire chief of the township or municipal corporation where the snakes are held?

Yes No *Please attach a copy of the written plan of action in the event of escape and proof of receipt*

Has the applicant previously registered the above snakes with the Ohio Department of Agriculture?

Yes No

Will applicant have any employee(s) working on their behalf?

Yes No *If yes, please fill out an E-1 form and submit with application*

Is applicant currently in compliance with the housing and care standards established in the Ohio Administrative Code?

Yes No *If yes, please attach affidavit that facility is and will continue to be maintained in compliance with the standards. Applicant will be subject to an inspection to confirm*

Does applicant intend to permit the public to have physical contact with the dangerous restricted snakes?

Yes

No *If no, please attach affidavit attesting that the public will not have contact*

Applicant intends to display restricted snakes specified in division (L)(1) of section 935.01 of the Revised Code to primary or school age children only.



The foregoing statements concerning the possession of restricted snakes of applicant are, to the best of my knowledge and belief of the applicant, true and correct. I (we) agree to keep records for the duration of the permit plus one year after permit expiration of a description of the snake and other characteristics as provided above, including the name and address of each person from whom I (we) acquire an snake and to who the snake was disposed or escaped. I (we) also agree to permit the Ohio Department of Agriculture, or any of its authorized agents, to inspect my (our) records at any time pursuant to section 935.15 of the Ohio Revised Code.

Date application made: _____	Approved _____
_____	Check # _____
Signature of the applicant or one authorized to sign _____	Date of Check _____
	Amount of Check _____
	R. Snake Permit No. _____

Fees: \$ 150.00 per annum

PAYMENT REQUIRED: TOTAL AMOUNT MUST BE ENCLOSED TO COVER THE FEE ABOVE PAYABLE TO THE OHIO DEPARTMENT OF AGRICULTURE, CHECK OR MONEY ORDER ONLY

Mail completed form to:

**Ohio Department of Agriculture
Division of Animal Health
Dangerous Wild Animal Office
8995 East Main Street
Reynoldsburg, Ohio 43068**





Background Check Disclosure, Authorization and Release for Restricted Snake Possession Permit

Section I: Disclosure

This form, which you should read carefully, has been provided to you because the Ohio Department of Agriculture’s office may request investigative reports on you from various public and private reporting agencies. The Ohio Department of Agriculture’s office will use any such report(s) solely for determination of approving a restricted snake possession permit purposes.

Investigative reports may be obtained from a background check vendor and/or public agencies and provided to the Ohio Department of Agriculture’s office. The types of information that may be obtained include but are not limited to: Social Security Number verification, criminal records checks, public court records checks, etc. Any such reports are public records under Ohio’s public records laws unless specifically exempt from disclosure.

Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of investigative reports to the Ohio Department of Agriculture in conjunction with my application for a Restricted Snake Possession Permit license. I also authorize disclosure to the Ohio Department of Agriculture and/or the background check vendor of information concerning my criminal history and all other information the Ohio Department of Agriculture deems pertinent by any individual, corporation or other private or public entity, including without limitation to the following: law enforcement agencies; federal, state and local courts; and other applicable sources. I hereby release and hold the vendor and the Ohio Department of Agriculture and its employees and appointees harmless from any and all liability with respect to the investigations, verifications, and/or the use of any information relevant to my permit/license application.

I understand that if I am approved for a permit/license, my consent will apply throughout the term of my permit/license to the extent permitted by law.

This Disclosure, Authorization and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the Ohio Department of Agriculture.

I understand that providing any false information or omitting any material information on my application for Restricted Snake Possession permit/license may be sufficient grounds for rejection of the application or termination of the permit/license whenever discovered.

Printed Name: _____

Signature: _____

Date Signed: _____





PROOF OF FINANCIAL RESPONSIBILITY STATEMENT

Policy No _____ Insurance Amount \$ _____

Insured: _____

INSURANCE FURNISHED AS EVIDENCE OF FINANCIAL RESPONSIBILITY UNDER THE OHIO REVISED CODE CHAPTER 935 ET SEQ. ("ACT"),

The undersigned insurance company ("Company") as hereon admitted and authorized to conduct insurance business in Ohio, attests and affirms that the Insured is insured in the sum provided above. The Company attests and affirms that this sum shall be subject to redemption per occurrence by any individual with claim(s) for injury or damage to persons or property caused by a dangerous wild animal possessed by the Insured or any resulting claims against the state, including the Ohio Department of Agriculture, as applicable, in accordance with the Act. The Insured has elected to file with the Director of the Ohio Department of Agriculture ("ODA") this letter as evidence of financial responsibility.

This insurance is effective the _____ day of _____, 20 _____.

The insurance is not further conditioned or dependent in any way upon any contract, agreement or understanding between the Insured and Company. Within thirty (30) days of the cancellation or termination of this policy, the Company, may provide written notice to the Insured and the Director of ODA to demonstrate that this proof of financial responsibility is of no further force and effect.

In witness whereof, the Company, subscribing its full and correct names and contact information below, have executed this instrument on this _____ day of _____, (Month) _____ (Year).

Company

Signature
Printed Name & Title:
Business Name:
Address:

Affidavit of Qualification for Insurance Companies

STATE OF _____)
County of _____)

_____, being first duly sworn, on oath deposes and says that he/she is the _____ of said company, and that he is duly authorized to execute and deliver the foregoing obligations; that said company is authorized to execute the same and has complied in all respects with the laws of Ohio in reference to providing a policy of insurance upon the above obligation.



Subscribed and sworn to before me this _____ day of _____, 20__

Signature of Notary

Notary Seal

My Commission Expires:



Serving Farmers and Protecting Consumers Since 1846



**AFFIDAVIT
OF NO CONTACT WITH THE PUBLIC**

State of: _____

County of: _____

PERSONALLY appeared before me, the undersigned authority in and for said county and state _____ (Affiant), who, having been first duly sworn by the undersigned Notary Public deposes and says:

1. Affiant is of legal age and is eighteen years or older.
2. Affiant, in making this statement to the Ohio Department of Agriculture, swears and affirms that he/she is certifying that the facility where the restricted snakes in Affiant's possession are currently held will not be open to the public for any type of activity which involves physical contact of any kind by the public.
3. Affiant further swears and affirms that the restricted snakes will not come into physical contact with any member of the public while in the possession of the Affiant. Affiant recognizes this does not apply to any employees or volunteers assisting in the care of the restricted snakes or the display of restricted snakes specified in division (L)(1) of section 935.01 of the Revised Code.

Affiant swears and affirms that all of the information given in this statement is true to the best of his/her knowledge and belief.

Signature of Applicant for Restricted Snake Possession Permit

Subscribed and sworn to before me this _____ day of _____, 20__

Signature of Notary
Notary Seal

My Commission Expires:



**AFFIDAVIT OF COMPLIANCE WITH
STANDARDS OF CARE AND FACILITY CONSTRUCTION**

State of: _____

County of: _____

PERSONALLY appeared before me, the undersigned authority in and for said county and state _____ (Affiant), who, having been first duly sworn by the undersigned Notary Public, deposes and says:

1. Affiant is of legal age and is eighteen years or older.
2. Affiant, in making this statement to the Ohio Department of Agriculture, swears and affirms that he/she is certifying that the facility where restricted snakes in Affiant's possession are currently held are in compliance with standards of Ohio Revised Code Section 935.01, et seq., and the Ohio Administrative Code Section 901:1-4-01 et seq..
3. Affiant further swears and affirms that the conditions in which the restricted snakes are currently kept are and will continue to be in compliance with Ohio Revised Code Section 935.01, et seq., and Ohio Administrative Code Section 901:1-4-01 et seq.

Affiant swears and affirms that all of the information given in this statement is true to the best of his/her knowledge and belief.

Signature of Applicant for Restricted Snake Possession Permit

Subscribed and sworn to before me this _____ day of _____, 20__

Signature of Notary
Notary Seal

My Commission Expires:



Designated Employee Form (E-1)

“Employee” means any person employed by a dangerous wild animal owner or employer to care for, feed, maintain, or otherwise interact with any dangerous wild animal or restricted snake on behalf of the owner or employer.

Owner's Name: _____ Owner's Signature: _____

Effective Date: _____

Employee's First Name: _____ Employee's Last Name: _____
Employee's Street Address: _____
Employee's City: _____ Employee's State and Zip: _____
Employee's Phone Number: () - _____

Has this employee ever been convicted of a felony?
 Yes No

Employee's First Name: _____ Employee's Last Name: _____
Employee's Street Address: _____
Employee's City: _____ Employee's State and Zip: _____
Employee's Phone Number: () - _____

Has this employee ever been convicted of a felony?
 Yes No

Employee's First Name: _____ Employee's Last Name: _____
Employee's Street Address: _____
Employee's City: _____ Employee's State and Zip: _____
Employee's Phone Number: () - _____

Has this employee ever been convicted of a felony?
 Yes No

Employee's First Name: _____ Employee's Last Name: _____
Employee's Street Address: _____
Employee's City: _____ Employee's State and Zip: _____
Employee's Phone Number: () - _____

Has this employee ever been convicted of a felony?
 Yes No

Mail completed form to:

Ohio Department of Agriculture
Division of Animal Health
Dangerous Wild Animal Office
8995 East Main Street
Reynoldsburg, Ohio 43068

