



**Department of Energy & Environment
Fisheries and Wildlife Division
Registration for Wildlife Control Services Provider**



Wildlife Control Services Provider

Name of Company:
Street:
City:
State/Zip:
Email:
Phone:
Contact Name:
DCRA License Number:

Insurance Information

Name of Company:
Policy Number:

I HEREBY APPLY FOR REGISTRATION AS A WILDLIFE CONTROL SERVICES PROVIDER WITH THE DISTRICT OF COLUMBIA AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Company Representative

Date

Instructions:

Complete all the information on the application form and sign.

Attach proof of DCRA license.

Attach a copy of the original Certificate of Insurance or other proof of coverage that has been signed by an authorized representative of the insurer. The following information must be included:

- Name and address of insurance agency (must be licensed by the District)
- Name and address of insured party
- Bodily injury liability coverage
- Property damage liability coverage
- Workers' compensation insurance
- Liability coverage for the use of the vehicle (if applicable)
- Coverage of the District as an additional insured

In addition, the insurance policy shall provide at least 28 days written notice to the District prior to termination or material alteration.

Return form to: Department of Energy & Environment
Fisheries and Wildlife Division
Attn: Wildlife Control Services Provider Registration
1200 First Street NE, 5th Floor
Washington, DC 20002

If you have questions about this form or require further assistance contact the Department of Energy & Environment at 202-870-6004