Pennsylvania Game Commission
HEADQUARTERS

Bureau of
Wildlife Management
2001 Elmerton Avenue
Harrisburg, PA 17110
1-833-PGC-WILD | PA.GOV/PGC

Pennsylvania Game Commission Processor and Taxidermist Cooperator Agreement

Mail the completed form and any additional documentation to the address below.

Pennsylvania Game Commission attn: Wildlife Management
2001 Elmerton Ave, Harrisburg, PA 17110

If you have questions about this application, call the CWD hotline at (833) 463-6293 or email infocwd@pa.gov.

This application is (please check one): ☐ **a renewal** ☐ **a new application**

Applicant Contact Information

Contact information for the person who is applying for cooperator status.

First Name:_____ Last Name: _____

Mailing Address Line 1: _____

Address line 2:_____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail:_____

Business Information

Physical location for the business.

Check all that apply:

☐ Processor ☐ Taxidermist

Business name: _____

☐ Check if the same as contact information

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail:_____

☐ Check here if you would like your business information displayed on the PGC website. This can be changed at any time by contacting the PGC at the number above.

Check the box for each season you operate (check all that apply).

☐ Fall archery/muzzleloader ☐ Winter archery/flintlock

☐ Regular firearms ☐ After Christmas Firearms (limited areas

OVER

Cooperator Requirements

1. Complete and submit an application as required by the Commission. Completing and submitting this application fulfills this requirement.

2. Dispose of high-risk cervid parts through commercial refuse pickup service or other means as approved by the Commission and provide documentation of proof of approved disposal method upon request of Commission.

3. Provide access to Commission staff to collect biological data from harvested cervids.

A link to the regulation can be found at www.pacodeandbulletin.gov by searching "chronic wasting disease restrictions" under bulletin search.

Disposal Method

What methods of disposal do you use? Check all that apply.

☐ Dumpster Company name: _____

☐ Landfill Landfill name: _____

☐ Regular trash pick-up Company name: _____

☐ Other, please provide specific description: _____

Documentation

If you would like to include documentation related to disposal services, you can include them with your mailed application. **No documentation is required to apply.** Examples of documentation include invoices, receipts, or contracted disposal services. **DO NOT** send anything with Personally Identifiable Information (PII) like credit card, bank information, social security number, etc.

Additional Materials

Would you like informational materials for your place of business? Please check the appropriate box(es) below.

☐CWD Brochures ☐ CWD Business Cards

Certification

☐ I certify that the information I am providing on this application is true, correct, and complete. I agree to the requirements listed previously and understand that failure to comply may result in cancellation of "Cooperator" status, loss of future opportunities to participate in the program, and prosecution under applicable laws.

Signature _____ Date _____