



REGIÃO AUTÓNOMA DA MADEIRA
GOVERNO REGIONAL
SECRETARIA REGIONAL DE AGRICULTURA E AMBIENTE
INSTITUTO DAS FLORESTAS E CONSERVAÇÃO DA NATUREZA, IP-RAM

**FORM FOR SURVEYS AT PROTECTED AREAS AND NATURE RESERVES UNDER THE
JURISDICTION OF THE INSTITUTO DAS FLORESTAS E CONSERVAÇÃO DA NATUREZA IP-RAM
(INSTITUTE FOR FORESTRY AND NATURE CONSERVATION)**

PERMIT Nr. 2/2024 S

Protected area(s)	Date/Period	Purpose (scientific, educational, documentary, etc.)

Name of interested and/or responsible in the case of group/team	Work entity

Other team members Names	Work entity

Survey aims

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Work plan (specifying whether involves capturing, marking or any other type of handling of animal and/or collecting plants or their parts and/or collecting geological material)

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Expected results (specify the importance of the expected results and if the same will be subject of publications, lectures etc.).

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Support requested

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I hereby acknowledge with my signature a full and complete understanding of the protected area(s) general conditions with which this activity will comply and agree to inform all the expected results to Instituto das Florestas e Conservação da Natureza IP-RAM as well as acknowledge the support given in all publications.

Date and signature _____

