

NEW JERSEY DIVISION OF FISH AND WILDLIFE

Marine Fisheries Administration Scientific Collecting Permit P.O. Box 418 Port Republic, NJ, 08241 Phone: (609) 748-2020



APPLICATION FOR PERMIT TO COLLECT MARINE AND ESTUARINE ORGANISMS FOR SCIENTIFIC PURPOSES

Please complete all information below. Entries such as "same as last year" will not be accepted.

Additional pages may be attached in order to submit complete information.

Fee: \$20.00 (Plus \$2.00 processing and handling fee)

<u>Testimonials</u>: In order to obtain the permit, the applicant must include written testimonials from two well-known scientists, certifying the good character and fitness of the applicant to be entrusted with the privilege.

Section 1 -All applicants must compete this section.

FOR USE IN CALENDAR YEAR 20 NEW or RENEWAL Previous year's permit #
Any changes to previous year's permit? Yes □ or No □ - Checking "NO" indicates your permit will be identical to last year's permit. Do not enter anything in Section and sign the bottom of the application Checking "YES" indicates there are changes to the permit. Enter only those changes to last year's permit in Section 2
Section 2 – This section is for new applications and for changes to previous permits only.
APPLICANT:
STREET ADDRESS:
CITY:STATE:ZIP CODE:
CONTACT INFO: WORK: ()FAX: ()
CELL: ()E-MAIL:
SCIENTIFIC INSTITUTION WITH WHICH ASSOCIATED OR BY WHOM SPONSORED (Mandatory response required):
ADDRESS:
TELEPHONE(S): () -

Purpose of scientific investigation:			
If the applicant is an educational institution/organization, please provide a profile and classroom lesson sample.			
Are any of the species being collected for public display? Yes □ No □ If yes, please complete the following: Is the applicant an aquarium? Yes □ No □			
Is the aquarium accredited by the American Zoo and Aquarium Association (AZA)? Yes □ No □ If yes, please provide copy of AZA accreditation.			
What is the final destination of the organisms collected?			
If the applicant has a temporary holding facility in NJ, please provide address and telephone number:			
Does the applicant have an exempted fishing permit from the National Marine Fisheries Service? Yes □ No □ If yes, please provide the number and a copy:			
Does the applicant intend to collect hard/soft clams, mussels, oysters, or other bivalve mollusks? Yes □ No □			
Does the applicant intend to collect horseshoe crabs? Yes □ No □			
Does the applicant intend to collect diamondback terrapins? Yes □ No □			
Other species to be collected:			
Does the applicant intend to retain any organisms after field observation? Yes □ No □			
If yes, please list species, amounts, and reason for retention:			
Location(s) where collecting is proposed (Be specific):			

Equipment proposed to be used in collecting (size of gear, mesh,etc.):			
Time of year collecting will take place	(Be specific):		
Vessel(s) and description of vessel(s) to Vessel Name	be used in collection: Registration #	Vessel Length (in feet)	
Individuals should be project le	th an explanation of their role in the pro	ampling. List only those responsible for	
Fisheries Administration no later the	llected under this permit must be sen an four (4) weeks after the expiration ay preclude the issuance of any other	n date on the permit. Failure to	
	information provided in this application aware that there are significant civil per		
Signature of Applicant		Date:	

Please return this application, a check for \$22.00, 2 testimonial letters, and report (if applicable) to the address at the top of the first page. Make check or money order payable to the Division of Fish and Wildlife. Allow 2-3 weeks for processing. Some specific permits may require additional time.