



NEW JERSEY DIVISION OF FISH AND WILDLIFE
Marine Fisheries Administration
Mail Code 501-03
PO Box 420
Trenton, New Jersey 08625-0420
Phone: (609) 292-7794



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

NEW _____ FOR USE IN CALENDAR YEAR 20 _____

RENEWAL _____ PREVIOUS YEAR'S PERMIT# _____

FEE: \$20.00 (PLUS \$2.00 PROCESSING AND HANDLING FEE)

APPLICANT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONES AND FAX WORK _____ FAX- _____

WITH AREA CODE: CELL: _____ E-MAIL: _____

SCIENTIFIC INSTITUTION WITH WHICH ASSOCIATED OR BY WHOM SPONSORED
(YOU MUST RESPOND TO THIS SECTION):

ADDRESS: _____

TELEPHONE(S) WITH AREA CODE(S): _____

Purpose of scientific investigation: _____

If you are an educational institution/organization please provide a profile and classroom lesson sample.

If any of the species being collected are for public display, complete the following:

Is the aquarium the applicant? 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 you have a temporary holding facility in NJ, please provide address and telephone number. _____

Do you have an exempted fishing permit from the National Marine Fisheries Service?

Yes _____ No _____ If yes, please provide the number and a copy. _____

Do you intend to collect hard clams, soft clams, mussels, oysters or other bivalve mollusks? _____

Other species to be collected: _____

Do you intend to retain any organisms after field observation? _____

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 permit collecting will take place (Be Specific) _____

Vessel(s) and description of vessel(s) to be used in collection"

Vessel Name	Registration #	Vessel Length (in feet)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will students or employees be collecting under your supervision? _____
If so, a complete listing of subsidiary student or employee permit holders is to be provided below.

Subsidiary Student or Employee Permit Holders:

Will any other individuals be collecting under your supervision? Yes _____ No _____ If so, list these individuals below along with an explanation of their role in the proposed scientific investigation.

Other subsidiary permit holders with explanation of their role in the proposed scientific investigation.

A report of activities and species collected under this permit must be sent to the Administrator, Marine Fisheries Administration within four (4) weeks of the expiration date on the permit. Failure to provide such a report may preclude the issuance of any other collecting permits.

I certify under penalty of law that the information provided in this application is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I made a written false statement which I do not believe to be true.

Signature _____
of Applicant _____ Date: _____

PLEASE RETURN THIS APPLICATION ALONG WITH A CHECK FOR \$22.00 TO THE ADDRESS AT TOP OF FIRST PAGE. MAKE CHECK OR MONEY ORDER PAYABLE TO THE DIVISION OF FISH AND WILDLIFE.