



**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.**