



**NEW JERSEY DIVISION OF FISH AND WILDLIFE**

**Bureau of Freshwater Fisheries**

**P.O. Box 394 Lebanon, NJ 08833**

**Phone: (908) 236-2118 Fax: (908) 236-7280**



**APPLICATION FOR A PERMIT TO COLLECT FISH FOR SCIENTIFIC PURPOSES  
(\$22.00 FEE)**

**(Make Check Payable To: NJDFW)**

*ALL ITEMS MUST BE COMPLETED (PLEASE PRINT OR TYPE)*

APPLICANT INFORMATION			OFFICIAL USE ONLY	
ORGANIZATION/COLLEGE OR SCIENTIFIC INSTITUTION AND ADDRESS WITH WHICH ASSOCIATED			DATE RECEIVED	PERMIT #
LAST NAME (If organization indicate contact person) FIRST NAME M.I.			DRAINAGE	
STREET ADDRESS			DECISION: (CHECK, INITIAL, DATE)	
CITY/TOWN	STATE	ZIP CODE	APPROVE <input type="checkbox"/>	
			DENY <input type="checkbox"/>	
TELEPHONE (DAYTIME) ( )		TELEPHONE (EVENING) ( )	_____	_____
			BIOLOGIST	DATE
WILL ADDITIONAL PERSONNEL BE COLLECTING UNDER YOUR SUPERVISION? PLEASE LIST:			EFFECTIVE DATE:	
SPECIES OF FISH TO BE COLLECTED:			EXPIRATION DATE:	
LOCATIONS WHERE COLLECTING IS PROPOSED:			CONDITIONS:	
EQUIPMENT PROPOSED TO BE USED IN COLLECTING:			STANDARD <input type="checkbox"/>	
TIME OF YEAR PERMIT WILL BE USED:			ADDITIONAL <input type="checkbox"/>	
PURPOSE OF SCIENTIFIC INVESTIGATION:			REMARKS:	

IF THIS IS A RENEWAL, PLEASE SUBMIT A REPORT OF ACTIVITIES AND SPECIES COLLECTED UNDER PRIOR PERMIT.

**PLEASE ATTACH A COPY OF THE PROJECT PROPOSAL TO THE APPLICATION**

To be completed and returned to:

New Jersey Division of Fish and Wildlife  
P O Box 400  
Trenton, New Jersey 08625-0400  
Attention: Lisa Barno