

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION



Marine Resources 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)

Testimonials: 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.

Any changes to previous year's permit? Yes \Box Checking "NO" indicates your permit will be	or No □	
and sign the bottom of the application. Checking "YES" indicates there are changes to		
APPLICANT:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
CONTACT INFO: WORK:	FAX: ()
CELL: ()	E-MAIL:	
SCIENTIFIC INSTITUTION WITH WHICH (Mandatory response required):		
ADDRESS:		
TELEPHONE(S):		

$Section\ 2-This\ section\ is\ for\ new\ applications\ and\ for\ changes\ to\ previous\ permits\ only.$

Purpose of scientific investigation:
Location(s) where collecting is proposed (Be specific):
Location(s) where conceeding is proposed (Bespecific).
Time of year collecting will take place (Be specific):
Equipment proposed to be used in collecting (size of gear, mesh, etc.):
Vessel(s) and description of vessel(s) to be used in collection: Vessel Name Registration # Vessel Length (in feet)
Does the applicant intend to collect hard/soft clams, mussels, oysters, or other bivalve mollusks? Yes \square No \square
Does the applicant intend to collect horseshoe crabs? Yes \square No \square
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 □

Are any	of the species being collected for public display? Yes \square No \square 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 \square No \square
	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:
·	other individuals be collecting under your supervision? If so, list individuals below with an explanation of their role in the proposed scientific investigation. Individuals should be project leaders or anyone responsible for field sampling. List only those responsible for leading crews, not every student or employee involved with sampling.
Yes □ N	applicant have an exempted fishing permit from the National Marine Fisheries Service? To □ If yes, please provide the number and a copy:
	oplicant is an educational institution/organization, please provide a profile and classroom lesson sample.
Resour	rt of activities and species collected under this permit must be sent to the Administrator, Marine ces Administration no later than four (4) weeks after the expiration date on the permit. Failure to e such a report may preclude the issuance of any other collecting permits.
best of	under penalty of law that the information provided in this application is true, accurate and complete to the my knowledge and belief. I am aware that there are significant civil penalties for knowingly submitting false, ate, or incomplete information.
Signatu	re of ApplicantDate:
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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 NJDEP Fish and Wildlife. Allow 2-3 weeks for processing. Some specific permits may require additional time.