



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.

FOR USE IN CALENDAR YEAR 20 _____ IF RENEWAL, PREVIOUS YEAR'S PERMIT# _____

NEW or RENEWAL Any changes to previous year's permit? Yes or No
 If "yes", only include requested changes below.

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

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 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 any other individuals be collecting under your supervision? Yes No

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 field crews, not every student or employee involved with sampling.

*****In order to obtain the certificate, 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.*****

A report of activities and species collected under this permit must be sent to the Administrator, Marine Fisheries Administration no later than four (4) weeks after 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 to the best of my knowledge and belief. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate, or incomplete information.

Signature of Applicant _____ Date: _____

Please return this application along with a check for \$22.00 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.