



**MARYLAND DEPARTMENT OF NATURAL RESOURCES**

**FISHING & BOATING SERVICES**

**AQUATIC STUDIES PERMIT APPLICATION**

**INSTRUCTIONS:**

- \*PERMIT IS LIMITED TO PROJECTS AT INDIVIDUAL SCHOOLS ONLY.
- \*COLLECTING WILD AQUATIC ORGANISMS, EVEN IF IMMEDIATELY RELEASED, REQUIRES A SCIENTIFIC COLLECTION PERMIT.
- \*COMPLETE ALL INFORMATION. PLEASE PRINT OR TYPE.
- \*RETURN COMPLETED APPLICATION TO AQUASTUDIES.DNR@MARYLAND.GOV OR IF YOU PREFER TO MAIL YOUR APPLICATION, PLEASE CONTACT US FOR MAILING INSTRUCTIONS.

NAME OF PRINCIPAL OFFICER OR TEACHER:

SCHOOL NAME AND MAILING ADDRESS :

PRINCIPAL OFFICER OR TEACHER PHONE NUMBER:

EMAIL:

SCHOOL PHONE NUMBER, IF DIFFERENT:

ADDRESS WHERE FISH WILL BE KEPT, IF DIFFERENT THAN SCHOOL MAILING ADDRESS:

COUNTY WHERE SCHOOL IS LOCATED:

**TYPE OF OPERATION (CHECK APPROPRIATE CATEGORIES)**

\_\_\_ TANK OR AQUARIUM CULTURE

\_\_\_ OTHER (please specify) : \_\_\_\_\_

AN INSPECTION OF THE FACILITY MAY BE REQUIRED BEFORE THE PERMIT IS ISSUED.

WILL THE FISH BE RELEASED?      \_\_\_ YES      \_\_\_ NO

RELEASE SITE, IF KNOWN: \_\_\_\_\_

ADDITIONAL DETAILS MAY BE NECESSARY BEFORE RELEASE IS PERMITTED

SPECIES TO BE CULTURED, AND THE SOURCE OR PROVIDER OF EACH SPECIES:

I HEARBY APPLY FOR THE ABOVE PERMIT AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

SIGNATURE OF APPLICANT:

DATE: