



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Natural Resources
Inland Fisheries Division

DEEP USE ONLY

Application No. _____

Permit No. _____

Fisheries Scientific Collector Permit Application

Print or type unless otherwise noted. You must submit an annual fee of \$25.00 along with this completed form, to be issued a permit. Please allow 2 weeks for processing.

Part I: Application and Vessel Information

1. Applicant Name:

Affiliation:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

2. Vessel (if applicable):

Vessel Name:

Home Port:

Reg. No./Document No.:

Hull Material:

Hull Color:

Propulsion:

Check here if additional sheets are necessary, and label and attach them to this sheet.

a) Type of collection requested: (check all that apply)

Aquatic species in the Inland District Aquatic species in the Marine District

b) The permit is requested for the period from: _____ to: _____

Note: A Collector Permit may be issued for a period of up to three years.

Part II: Collecting Details

<p>1. Type of collecting gear to be used:</p> <p>2. Species and numbers of each to be collected:</p> <p>3. Purpose of collection:</p> <p>4. Specific areas of the state where collections are to be made:</p> <p>5. Specimens will be deposited at:</p> <p>6. If collecting program involves tag and release studies, describe in detail. Include tag design, legend and number or series:</p> <p>7. Persons authorized to collect under this permit:</p> <p><input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.</p>
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Part III: Applicant Certification

The applicant must sign this part. An application will be considered incomplete unless the required signature is provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
_____ Signature of Applicant	_____ Date
_____ Name of Applicant (print or type)	_____ Title (if applicable)

Note: Please allow 2 weeks for processing. To obtain a permit, submit this completed application and \$25 annual fee to:

INLAND FISHERIES DIVISION
BUREAU OF NATURAL RESOURCES
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET, 6TH FLOOR
HARTFORD, CT 06106-5127

Phone: 860-424-3474 FAX: 860-424-4070