



APPLICATION for Scientific Activities on State-Owned Properties 23-4-1(b)

This authorization is required for all activities that involve the altering or collection of vegetation (plants), earth, rocks or trees from state lands.

A

CHECK ONE: New Study Renewal – permit # _____ (with changes without changes)

B

APPLICANT INFORMATION:

Principle Investigator: _____
Name Affiliation

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Work _____ Home: _____

Fax Number: _____ Email: _____

C

TIME PERIOD OF STUDY: _____ to _____
(Note: A permit may be issued for a period of up to three years.)

LOCATION OF STUDY: (Please list all state lands and provide a detailed map of your study area, describe any markers or equipment that will be left on-site, time of year you plan to visit and time of day you will be at the specified locations.)

SPECIES/MATERIAL TO BE STUDIED:

ADDITIONAL FORMS REQUIRED: Please provide a Resume, Copy of Relevant Federal Permits, and the Names and titles of all Subpermittees.

D

LIST ESTIMATED NUMBER OF INDIVIDUALS OF EACH SPECIES THAT WILL BE HANDLED or COLLECTED or the amount of soil that will be collected.

Applicant's Signature

Date

