

Maine Department of Inland Fisheries and Wildlife 353 Water Street, 41 SHS, Augusta, ME 04333 Phone 207-287-5261 / Fax 207-287-6395

APPLICATION FOR SCIENTIFIC COLLECTORS PERMIT (FISHERIES)

| Affiliation or Company Name: | | | | |
|--|---|--|-------------------------------|------------|
| Principal Officer Name: | | | | |
| First Mailing Address: | Last | MI | | |
| Mailing Address:Street/Road or Box # | City or Town | | State | Zip Code |
| Email Address: | | Phone Number: (|) | |
| Date(s) of collection: | | | | |
| Purpose of Collection: | | | | |
| | | | | |
| Location (waterbody, township, county): | | | | |
| Type of gear: | | | | |
| Species and number to be collected: | | | | |
| | | | | |
| What disposition will be made of the specimen | | | | |
| | | | | |
| Name of subpermittees: | | | | |
| | | | | |
| If more space is needed to answer any que | estions, please use back of form or att | tach an additional document i | to this applicat | tion. |
| *Reporting requirements: Copies of any data form Augusta Office (MDIFW, Attn: Fisheries Division, 3 should include dates, locations, species handled/a approved under this permit. Data forms can be en | 353 Water Street, Augusta, Mai collected, number per species c | ne 04333) by the end of toollected, and the disposit | the calendar tion for spec | year. Data |
| *If you are working on a watershed where Atlanti additional permit from either the National Marine Additionally, if you are conducting work on Tribal | e Fisheries Service 866-7322 or | U. S. Fish & Wildlife, Old | | |
| Signature: | | Date: | | |

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