



MARYLAND DEPARTMENT OF NATURAL RESOURCES FISHERIES SERVICE

EDUCATIONAL 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 (BOTH SIDES OF THE APPLICATION). PLEASE PRINT OR TYPE.
RETURN COMPLETED APPLICATION TO RICHARD BOHN, DNR FISHERIES SERVICE B-2, 580 TAYLOR AVENUE, ANNAPOLIS MD 21401

NAME AND TITLE OF PRINCIPAL OFFICER	MAILING ADDRESS
CONTACT PHONE NUMBER	EMAIL (OPTIONAL)
SCHOOL PHONE NUMBER, IF DIFFERENT COUNTY WHERE SCHOOL IS LOCATED	SCHOOL ADDRESS, IF DIFFERENT

TYPE OF OPERATION (CHECK APPROPRIATE CATEGORIES)

_____ TANK CULTURE _____ POND CULTURE _____ SHELLFISH CULTURE

_____ OTHER (please specify) : _____

FACILITY SPECIFICS (mark those that apply)

NUMBER OF PONDS _____ SURFACE AREA OF EACH POND (acres) _____ OR

BUILDING LOCATION AND/OR ROOM NUMBER _____

NUMBER OF TANKS _____ SIZE OF EACH TANK (gallons) _____

WATER SOURCE AND ESTIMATED AMOUNT TO BE USED YEARLY _____

ESTIMATED AMOUNT OF DISCHARGE FROM THE OPERATION _____

DISCHARGE METHOD AND/OR TREATMENT _____

SPECIES TO BE CULTURED AND ORIGIN/SOURCE 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

THE FOLLOWING SUPPLEMENTAL INFORMATION MUST BE INCLUDED WITH THIS APPLICATION:

PLEASE INCLUDE A BRIEF DESCRIPTION OF THE CULTURE OPERATION **AND** A SKETCH OF ANY PONDS (IF WORKING OUT-OF-DOORS) INCLUDING ANY INFLOW OR EFFLUENT; INCLUDE A SKETCH OF ANY SHELLFISH ACTIVITIES AND LOCATION.

FOR PONDS, INDICATE THE LOCATION OF THE NEAREST BODY OF WATER THAT COULD RECEIVE DISCHARGE EFFLUENT.

THE ORIGIN (PROVIDER) OF SPECIES TO BE USED IN THE ACTIVITY SHOULD BE IDENTIFIED; PROPER HEALTH CERTIFICATION OF THE SPECIES MAY BE REQUIRED, AND IS VALUABLE TO ENABLE SUCCESS IN ANY CULTURING ACTIVITY. IF PRESENTLY UNKNOWN, YOU MUST NOTIFY THE DEPARTMENT PRIOR TO RECEIPT OF ANY SHIPMENT OF FISH OR SHELLFISH. PLEASE CONTACT THE PERMIT COORDINATOR IF YOU HAVE QUESTIONS.

IF ANY HYBRID OR NON-NATIVE SPECIES ARE TO BE CULTURED, PROVIDE A DESCRIPTION OF TREATMENT AND ENTRAPMENT SYSTEMS TO PREVENT CULTURED ORGANISMS FROM ENTERING STATE WATERS.

INDICATE IF THE PROJECT WILL INVOLVE RELEASING FISH OR SHELLFISH INTO STATE WATERS. A SEPARATE APPROVAL FROM DNR WILL BE REQUIRED BEFORE FISH OR SHELLFISH CAN BE RELEASED, AND MAY HAVE LIMITATIONS.

ESTIMATE THE AMOUNT OF FISH OR SHELLFISH THAT YOU EXPECT TO PRODUCE.

IN ADDITION TO THE ABOVE THE PERMITTEE MUST:

HAVE ALL NECESSARY PERMITS AND COMPLY WITH ALL APPLICABLE HEALTH AND ENVIRONMENTAL LAWS AND REGULATIONS.

MAINTAIN SHIPPING AND RECEIVING RECORDS BY SPECIES AND THE DISTRIBUTION OF FISH OR AQUATIC PLANTS TO OR FROM THE FACILITY. RECORDS SHALL BE MAINTAINED AT THE FACILITY, OR AT A SPECIFIED LOCATION OTHER THAN THE FACILITY FOR THREE (3) YEARS, AND BE MADE AVAILABLE TO THE DEPARTMENT FOR INSPECTION UPON REQUEST.

NOTIFY THE DEPARTMENT IMMEDIATELY UPON DISCOVERY OF ANY DISEASE AFFECTING THE FISH OR PLANTS AT THE FACILITY THAT HAS THE POTENTIAL TO CONTAMINATE NATIVE OR NATURALIZED PLANTS OR ANIMALS.

SUBMIT AN ANNUAL REPORT OF ACTIVITIES UNDER THE PERMIT ON A FORM PROVIDED BY THE DEPARTMENT.

ALLOW THE DEPARTMENT TO INSPECT THE FACILITY, EQUIPMENT AND FISH OR AQUATIC PLANTS AT REASONABLE HOURS.

NOTIFY THE DEPARTMENT IF ANY SIGNIFICANT CHANGES OR ADDITIONS TO A FACILITY ARE MADE AFTER A PERMIT IS ISSUED BY FILLING OUT A SUPPLEMENTAL APPLICATION SUMMARIZING MODIFICATIONS.

AN INSPECTION OF THE FACILITY MAY BE REQUIRED BEFORE THE PERMIT IS ISSUED. PERMITS ARE VALID FOR THE TERM INDICATED, AND MAY BE RENEWED FOR ONE YEAR UPON REQUEST.

FOR OFFICE USE ONLY

Date Received _____

Date of Site Visit _____

Approved by:

on-site _____
Initials

fisheries management _____
Initials

Comments/Restrictions: