

APPLICATION TO COLLECT AND/OR TRANSPLANT AQUATIC VEGETATION



Please Print or Type

Applicant's Name (First, M.I., Last)

Home Residence Telephone Number

Home Address (No. & Street, RFD, Box No., City, State, Zip Code)

Alternate Telephone Number (daytime)

Lake Address (No. & Street, RFD, Box No., City, State, Zip Code)

Lake Residence Telephone Number (if different)

Email Address

Lake Name Where Plants are to be Transplanted

Lake Name or Bay	County	
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Types and Sources of Plants to be Transplanted (attached additional pages if needed)

Common Name of Plant	Scientific Name (required)	No. Plants & Type of Plant material	Source of Plants
			Lake Name & County and/or Company Name & Address

REASON FOR PROJECT (explain why this project is desired)

Sketch proposed collection and transplant area on back of this application or on a separate sheets of paper. Indicate compass direction "North"; location on lake (shore, point, bay, etc.); dimensions of proposed collection and transplant areas with names and total frontages of each property owner. Include fire number, noteworthy landmark, and enough detail so that the property can be located for possible inspection.

MAKE SURE THAT YOU HAVE INCLUDED THE FOLLOWING INFORMATION:

Sketch/Maps

Plant List

Source of Plants

Signature

I hereby make application for a permit to collect and transplant aquatic vegetation as described below. I understand that the collection and transplanting of aquatic vegetation is subject to rules and regulations of the Commissioner of Natural Resources. I understand that an Aquatic Plant Management Specialist may wish to inspect the above areas before, during, and/or after work is completed and that by making this application I give permission to the specialist to enter my property to make such inspection at reasonable times. I understand that an annual report may be required on all work done and results achieved.

Applicant's Signature	Date
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