## DEPARTMENT OF NATURAL RESOURCES

## **Fisheries Research Permit Application or Renewal**

Minnesota Department of Natural Resources
Division of Fish and Wildlife – Section of Fisheries
500 Lafayette Road - St. Paul, MN 55155-4020 - PH: (651) 259-5236

## **INSTRUCTIONS & INFORMATION**

- 1. Complete the application form (electronically, if possible).
- 2. Send the completed application via e-mail to: fisheries.permits@state.mn.us
- 3. Completed applications will be reviewed by Fisheries, Enforcement, and if applicable, Ecological and Water Resources staff. If there are questions or concerns you will be contacted.
- 4. Early submission of your completed application is strongly advised. The permit process time varies from a few days to several weeks depending on the complexity of the request, season of year, etc.
- 5. If your proposed research involves a state-listed threatened or endangered species, you will need a special permit from Bridget Henning-Randa, the Endangered Species Coordinator (<u>bridget.henning-randa@state.mn.us</u>).
- 6. If your proposed research involves working in a State Park, you will need a special permit from Tavis Westbrook, Resource Program Coordinator (<a href="mailto:tavis.westbrook@state.mn.us">tavis.westbrook@state.mn.us</a>).
- 7. If your proposed research involves working in a Scientific and Natural Area, you will need a special permit from the Statewide SNA Management Coordinator (<a href="mailto:sna.dnr@state.mn.us">sna.dnr@state.mn.us</a>).
- 8. If your proposed research involves prohibited aquatic invasive species, you will need a special permit from the appropriate Aquatic Invasive Species Specialist (<a href="http://www.dnr.state.mn.us/invasives/ais/contacts.html">http://www.dnr.state.mn.us/invasives/ais/contacts.html</a>).

| This Application is:            |                              |              |                                   |  |  |
|---------------------------------|------------------------------|--------------|-----------------------------------|--|--|
| □ New                           |                              | ☐ Renewal    | ☐ Renewal of last year's Permit # |  |  |
| ☐ Amendment to Permit #         |                              | ☐ Salvage p  | ☐ Salvage permit only             |  |  |
| Research Project Title:         |                              |              |                                   |  |  |
| RESEARCH PROJECT PERS           | SONNEL & CONTACT INF         | ORMATION     |                                   |  |  |
| Name of Principal Investigator: |                              | Advisor's Na | Advisor's Name (if student):      |  |  |
| Institutional Affiliation:      |                              | 1            |                                   |  |  |
| Address (Street address, c      | ity, state, zip code):       |              |                                   |  |  |
| Work Telephone:                 | Other Telephone:             | Fax:         | E-mail:                           |  |  |
| Experience in Research Ar       | ea:                          |              |                                   |  |  |
| Field Crew Members (List I      | Field Supervisor first, if d | esignated)   |                                   |  |  |
| Name                            |                              |              | Address                           |  |  |
|                                 |                              |              |                                   |  |  |
|                                 |                              |              |                                   |  |  |

| PROJECT LOCATION - Attach map(s) showing proposed study sites   |                      |              |
|---|----------------------|--------------|
| Name of water bodies, including closest town  |                      |              |
|   |                      |              |
| RESEARCH PROJECT DESCRIPTION  |                      |              |
| Project Objectives (list specific research objectives):   |                      |              |
|   |                      |              |
|   |                      |              |
|   |                      |              |
| Field Work Schedule (beginning/ending date and frequency of visits):  |                      |              |
|   |                      |              |
|   |                      |              |
| Design and Methods (be specific):   |                      |              |
|   |                      |              |
|   |                      |              |
| Discuss Collection and Disposition of Specimens (quantity, taxonomic rank                                   | curation and stor    | 2220         |
| arrangements):  | t, curation and stor | age          |
|   |                      |              |
|   |                      |              |
| List Equipment to be Used:  |                      |              |
|   |                      |              |
|   |                      |              |
| Project Documentation (In addition to sharing your results with MNDNR Fis                                   | heries through ann   | ual progress |
| reports and final report, how, when & where will the final results be present                               |                      |              |
|   |                      |              |
|   |                      |              |
|   |                      |              |
| ADDITIONAL PERMITS OR LICENSES  List any additional permits or licenses needed for the activities described | Permit Number        | Status       |
| above   |                      |              |
|   |                      |              |
|   |                      |              |
|   |                      |              |
| Signature of Applicant: Date:   |                      |              |
|   |                      |              |
|   |                      |              |
|   |                      |              |