**MINNESOTA DEPARTMENT OF NATURAL RESOURCES**

**PARKS AND TRAILS DIVISION**

## **APPLICATION FOR RESEARCH PERMITS AND RENEWALS**

## **Instructions and Information**

1. Complete the application form.
2. Send the completed application via e-mail to Katie Immel ([katie.immel@state.mn.us](mailto:katie.immel@state.mn.us)) or via U.S. Mail:

Katie Immel

MNDNR - Parks and Trails Division

500 Lafayette Road

St. Paul, MN 55155-4039

651-259-5600

1. Completed applications are reviewed by division resource management staff and unit supervisors. If there

are questions or concerns you will be contacted.

1. Early submission of your completed application is strongly advised. The review of permit applications may take up to 30 days.

**If you have questions related to your research application contact:**

Mark Cleveland – Research Permit Coordinator

651-259-5613

[mark.cleveland@state.mn.us](mailto:mark.cleveland@state.mn.us)

| RESEARCH PROJECT TITLE |
| --- |
|  |

| RESEARCH PROJECT PRIMARY INVESTIGATOR INFORMATION |
| --- |
| Name of Principal Investigator: |
| Advisor’s Name (if student): |
| Institutional Affiliation: |
| Work Telephone:  Other Telephone:  E-mail: |
| Experience in Research Area: |

| FIELD CREW MEMBERS | (List Field Supervisor first, if designated) |  |
| --- | --- | --- |
| Name | **Email** | **Phone Number** |
|  |  | ***(123) 456-7890*** |
|  |  |  |
|  |  |  |

| **RESEARCH PROJECT LOCATION - Attach or insert map(s) showing proposed study sites** |
| --- |
| **State Parks, Rec. Areas, or Waysides included in the study area:** |
| **Reason for unit(s) selected:** |

| **RESEARCH PROJECT DESCRIPTION** |
| --- |
| **Project Objectives (list specific research objectives):** |
| Field Work Schedule (beginning/ending date & frequency of visits): |
| Design & Methods: |
| Discuss Collection and Disposition of Specimens (quantity, taxonomic rank, curation & storage arrangements): |
| Project Impacts (Describe potential impacts such as introduction of monuments, tags, staked transect lines, exotic species & indicate whether park/trail management or visitor use will be affected: |

| ADDITIONAL PERMITS OR LICENSES – List additional permits or licenses needed, pending, or approved, for the activities described above | Permit Number | Status |
| --- | --- | --- |
|  |  | Choose an item. |
|  |  | Choose an item. |

| Signature of Applicant | Date |
| --- | --- |
|  | Click here to enter a date. |