



LIVE FISH TRANSPORTATION-IMPORTATION AND STOCKING PERMIT

READ INSTRUCTIONS ON THE REVERSE SIDE

Permit #/ECN #

Revised 12/31/2024

I PERMIT HOLDER Under the specific restrictions and conditions contained in this permit, authorization is hereby given to:

Name (First, M.I., Last)	Address (Street, RFD, Box #, City, State, Zip Code)	Phone number (include Area Code)
		Email:

II. SPECIES AND/OR STRAIN (Please verify this information with hatchery or provider of fish)

Species and/or Strain	Number	Age	Avg. Length	Rate/lb or qt.	Pounds or Quarts

III. SOURCE OF FISH (Provide address of facility or waterbody location information, GPS coordinates)

Private Hatchery License#	Hatchery Name	Name of Hatchery Owner or Manager			
Hatchery Address (Street, RFD, Box #, City, State, Zip Code)			Phone number (include Area Code)		
			Email:		
Water Body Name	DOW# or pond # from license	County	Latitude	Longitude	

IV. DESTINATION OF FISH (Provide waterbody name and county, and GPS coordinates or the Division of Waters' No.)

Water Body Name	County	DOW#	Latitude	Longitude

V. SHIPPER (if other than Permit Holder)

Name(s)	Address(es) Street, RFD, Box #, City, State, Zip Code)
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VI. SHIPPING VEHICLE, ROUTE, AND HAULING DATE

Vehicle Type	License Number	Route to Destination (describe progressively by Highway No.(s))	Hauling Date(s)

VII. ACKNOWLEDGMENT: To the best of my knowledge, the above statements given are accurate and complete.

Signature of Permit Holder		
Date of Signature		
Effective Date	Permit Expires 30 days from Effective Date	<u>Authorized Signature of Fisheries Manager</u>

FISH HEALTH CERTIFICATION: Attach hatchery's fish health paperwork for review.

- Mandatory for Salmonids, Catfish, and fish species susceptible to Viral Hemorrhagic Septicemia.
 - If condition "1" applies, approval is not required)
1. VHSV-free zone (zone/date): _____
 2. Certification currently on file
 3. Not Required
 4. Conditional Certification*

*Conditions for approval:

Fish Health Office Use Only

Approved

Disapproved

Signature of Fish Health Supervisor	Date
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VIII. Stocking or No Stocking Acknowledgment: No Stocking () (check here)

Date of Stocking	Species/Strain	Number	Rate (No./pound)	Pounds or Qts.

Return this portion to the Regional Office (See Back) within 72 hours after stocking, or if no stocking occurs with 72 hours of the permit expiration date.

INSTRUCTIONS

The applicant requesting the permit is to complete items I through VII and submit to the Regional Fisheries Office at least 14 business days (but no earlier than 90 days) prior to stocking. The Transportation-Importation and Stocking Permit shall be valid for a period not exceeding 30 days from effective date. FORM MUST BE FILLED OUT LEGIBLY.

COPIES OF APPROVED FORMS WILL BE DISTRIBUTED BY THE REGION.

Distribution list: Regional Fisheries Office, Fish Health Office, Area Fisheries Office or Hatchery, Regional Enforcement Office, Permit Holders (Buyer), Carrier (Hatchery) or other Permit Holder (to accompany shipment)

THE FISH HEALTH OFFICE WILL ISSUE PERMITS WHEN THE SPECIES REQUESTED WILL GO TO A CONTAINMENT OR A QUARANTINE SYSTEM.

NOTE: If a Fish Health Certificate is required, the permittee must obtain and submit necessary documentation for a certificate before approval for shipping is given by the Fish Health Office. Health certificates may remain valid for a period of up to one (1) year, subject to any changes in the disease status of the hatchery and/or transfer station. Please direct questions about health testing requirements to the [Fish Health Laboratory](#). Information on VHSV zones can be found at, [Certified VHSV-free water bodies](#).

Instructions:

Section I PERMIT HOLDER

- The full name and address of the person responsible for the receiving facility/waters.
- Include the area code with the telephone number and email address.

Section II SPECIES AND/OR STRAIN

- Include Species and/or Strain—**Attach extra sheet if stocking more than one species of fish.**
- Age (egg, fry, fryling, fingerling, yearling, adult, or in months)
- Size of fish in inches

Section III Source of Fish

- Private hatchery license number is required.
- Hatchery Name and Water body source: if the source of fish is a lake or impoundment, provide the waterbody name and Division of Waters Number (DOW#), or provide the waterbody location (GPS coordinates in decimal degrees or legal township, range, and section).
- Hatchery Owner or Manager with complete mailing address and phone number including area code for the source hatchery and email address.

Section IV Destination of Fish

- Waterbody name if known, attach separate sheet if stocking more than one.
- DOW# if known, use "manmade" if the destination is an artificial/dug-out pond.
- County, Indicate the GPS coordinates or legal township, range, and section.

Section V Shipper

- Shipper's name and complete address if other than the permit holder.

Section VI Shipping Vehicle, Route, and Hauling Date

- Type of Shipping Vehicle (example: sedan, 2-ton pickup, stake truck, semi-trailer, etc.)
- License plate number of vehicle (Required)
- Highway route to destination (example: MN 10 to MN 371 to Cty Rd 49 to Hadley Road)
- Actual (or estimated) date of transportation.

Section VII Acknowledgement

- *This form must be signed before a permit can be issued.*

Section VIII Stocking or no stocking Acknowledgement: Stocking verification must be completed and sent to the Regional Fisheries Office by permit holder within 72 hours after stocking, or if stocking does not occur, within 72 hours of the permit expiration date.

Email or Mail completed forms to:

Fisheries.Region.1.Permits.DNR@state.mn.us

Fisheries.Region.2.Permits.DNR@state.mn.us

Fisheries.Region.3.Permits.DNR@state.mn.us

Fisheries.Region.4.Permits.DNR@state.mn.us

Region 1

DNR Fisheries
Attn: Whitney Honstead
2115 Birchmont Beach Road NE
Bemidji, MN 56601
(218) 308-2623

Region 3

DNR Fisheries
Attn: Genevieve Furtner
1200 Warner Road
St. Paul, MN 55106
(651) 259-5801

Region 2

DNR Fisheries
Attn: Ruth Zaleski
1201 E Hwy 2
Grand Rapids, MN 56401
(218) 203-4342

Region 4

DNR Fisheries
Attn: Paula Erickson
21371 State Hwy 15
New Ulm, MN 56073
(507) 233-1215

