



**LIVE FISH TRANSPORTATION
IMPORTATION AND STOCKING PERMIT**

READ INSTRUCTIONS ON THE REVERSE SIDE

NA-01493-09

Revised 03/2009

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

A. Name (First, M.I., Last)	Address (Street, RFD, Box #, City, State, Zip Code)	B. Telephone 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	A. Age	B. Avg. Length	Rate/lb or qt.	Pounds or Quarts

III. SOURCE OF FISH (Please verify this information with hatchery or provider of fish)

A. Private Hatchery License No.	Hatchery Name	B. Waterbody source Name, pond # from license, and DOW # if applicable	Name of Hatchery Owner or Manager
C. Hatchery Address (Street, RFD, Box #, City, State, Zip Code)			Hatchery Phone Number (Include Area Code)

IV. DESTINATION OF FISH (Lake Name, Section, Township and Range or the Division of Waters' No.)

A. Lake Name or Water Body	B. Div. Of Waters No.	C. County	D. Twp	Range	Section

V. SHIPPER (if other than Permit Holder)

Name(s)	Address(es) Street, RFD, Box #, City, State, Zip Code)
---------	--

VI. SHIPPING VEHICLE, ROUTE, AND HAULING DATE

A. Vehicle Type	B. License Number	C. Route to Destination (describe progressively by Highway No.(s))	D. 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	Authorized Signature of Fisheries Manager

FISH HEALTH CERTIFICATION (Mandatory for Salmonids, Catfish, and fish species susceptible to Viral Hemorrhagic Septicemia. If condition "1." applies, pathologist approval is not required)

- VHSV-free zone (zone/date): _____
- Certification currently on file
- Not Required
- Conditional Certification*

*Conditions for approval:

Pathology Use Only
() Approved
() Disapproved

Signature of Pathologist	Date
--------------------------	------

VIII. Stocking or No Stocking Acknowledgment:

No Stocking () (check here)

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

This portion of the form must be returned 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 all copies to the Regional Fisheries Office prior to stocking, but no earlier than 60 days before 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. THE CENTRAL 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 Pathologist. 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. Testing requirements can be found on the MN DNR web site, www.mndnr.gov, Minnesota Department of Natural Resources. Information on VHSV zones can be found at, [Certified VHSV-free water bodies | Minnesota DNR \(state.mn.us\)](http://Certified VHSV-free water bodies | Minnesota DNR (state.mn.us))

- Item I. A. The full name and address of the person responsible for the receiving waters, should not be private fish hatchery contact.
B. Include the area code with the telephone number and email address.
- II. **Attach extra sheet if stocking more than one species of fish.**
A. Age (egg, fry, fryling, fingerling, yearling, adult, or in months)
B. Size in inches
- III. A. Private hatchery license number is required.
B. If source of fish is a lake or impoundment, must provide name of pond, Division of Waters Number and/or location (section, township and range) that fish are coming from. Source of fish is needed to verify fish health certification.
C. Complete mailing address and phone number including area code for the source hatchery.
- IV. A. Lake name or water body if known, attach separate sheet if stocking more than one lake.
B. Division of Waters' number (D.O.W.) if known, use manmade if it is a dug out pond.
C. Indicate the Township, Range, and Section. Either the D.O.W. number or the legal description (T.R.S.) is required.
Note: This permit is not valid unless this section is completed.
- V. Shippers name and complete address if other than the permit holder.
- VI. A. Type of Shipping Vehicle (example: sedan, 2 ton pickup, stake truck, semi-trailer, etc.)
B. License number of vehicle
C. Highway route to destination (example: MN 10 to MN 371 to Cty Rd 49 to Hadley Road)
D. Actual (or estimated) date of transportation
- VII. This form must be signed before a permit can be issued.
- VIII. **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.**

Mailing Addresses:

Region 1
Regional Fisheries Manager

2115 Birchmont Beach Road NE
Bemidji MN 56601
(218) 308-2633

Region 2
DNR Fisheries

1601 Minnesota Drive
Brainerd MN 56401
(218) 203-4342

Region 3
Regional Fisheries Manager

1200 Warner Road
St. Paul MN 55106
(651) 259-5789

Region 4
Regional Fisheries Manager

21371 MN-15, New Ulm
MN 56073 (507) 233-1215

Distribution: Original - St. Paul,
1st Copy - Regional Fisheries Office
2nd Copy - Area Fisheries Office or Hatchery
3rd Copy - Regional Enforcement Office
4th Copy - Permit Holders (Buyer) Copy
5th Copy - Carrier (Hatchery) or if other than Permit Holder (to accompany shipment)

