**Mail, FAX, or Email Applications to:**

**Permit Coordinator**

**Alaska Department of Fish and Game**

Division of Commercial Fisheries

**P.O. Box 115526**

**Juneau, AK 99811-5526**

**or FAX (907) 465-4168**

**dfg.dcf.aquaticfarming@alaska.gov**

# ADFG.jpg

**ALASKA DEPARTMENT**

**OF FISH AND GAME**

AQUATIC STOCK ACQUISITION

AND transport PERMIT application

**For wild stock acquisition for transport to a facility/farm site.**

A separate stock acquisition permit must be obtained for each species, life stage, source and site location (originating or receiving).

## APPLICANT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name:** |   | **Company Name:** |   |
|  |
| **Address:** |   | **Email:** |   |
|  |
| **City:** |   | **State:** |   | **Zip:** |   | **Phone:** |   |

## COLLECTOR INFORMATION If more than one collector, attach a separate sheet with relevant information

|  |
| --- |
| [ ]  **Same as above** |
|  |
| **Name:** |   | **Phone:** |   |  |  |
|  |
| **Address:** |   | **Email:** |   |
|  |
| **City:** |   | **State:** |   | **Zip:** |   |

## PROJECT INFORMATION

|  |
| --- |
| **Check ONE SPECIES per application** |
| [ ]  | SUGAR KELP, *Saccharina lattisima* | [ ]  | GEODUCK CLAM, *Panopea generosa* |
| [ ]  | BULL KELP, *Nereocystis luetkeana* |  |  |
| [ ]  | RIBBON KELP, *Alaria marginata* | [ ]  | OTHER:  |   |
| **Collection information:** |
|  | **Life Stage** |  |   |
|  |[ ]  Juveniles |[ ]  Adult |[ ]  Blades\* |  | **Estimated Collection Date(s)** |
| \*Note: For aquatic plants, a minimum of 50 separate individuals must be used in creation of seeded lines. |
|  | **Size Range** |   | mm | to |   | mm |   |
|  | **Maximum number requested** |
|  | **History of previous transport and disease history** |  |  |
|  |   |
| **Transport FROM:**  |
|  |   |  |   |
|  | **Collection Location**  |  | **Gear and Method for Collection** |
| [ ]  | Map included. Note: For aquatic plants, resulting seeded lines may only be used at farmsites located within 50 km by water from broodstock collection location. |
| **Transport TO:**  |
|  |   |  |   |
|  | **Aquatic Farm, Nursery, or Hatchery Name** |  | **Water Body/Location** |
|  |   |  |  |
|  | **ADF&G Operation Permit Number (Aquatic Farm/Nursery/Hatchery)** |
|  |
| **Applicant Signature:** |   | **Date:** |   |

I certify that the information provided on this application is true and complete to the best of my knowledge.