



STATE OF ALASKA
DEPARTMENT OF FISH AND GAME
CLASSROOM INCUBATION PROJECT

PROPAGATION APPLICATION
for

FISH RESOURCE PERMIT for scientific or educational purposes to take, transport, possess, hold alive, FISH AND THEIR EGGS (except gold fish and decorative tropical fish) for a CLASSROOM INCUBATION PROJECT. The amount that can be held is less than or equal to 500 eggs or one spawning pair.

(Name of Instructor) (Organization or School)

(Mailing Address) (City, State, Zip Code)

Telephone: _____ (work) _____ (fax) _____ (home)

School District: _____

✓ *****A WRITTEN OPERATIONAL OR STUDY PLAN IDENTIFYING THE PURPOSE AND THE NEED FOR THE CLASSROOM INCUBATION PROJECT, RESEARCH OBJECTIVES, PROCEDURES, AND AN EXPLANATION OF BENEFITS THAT MAY ACCRUE TO THE STUDENTS MUST BE ATTACHED.*****

I would like to conduct a classroom incubation project using the following:
(check the appropriate box)

chum (dog) salmon [] pink (humpy) salmon []
coho (silver) salmon []

I would like to incubate/rear a total of _____ (amount requested). The maximum amounts for this permit are less than or equal to 500 eggs or one spawning pair.

Life stage requested: (check appropriate box)

- [] Spawning adult (maximum one spawning pair)
- [] Green eggs (newly fertilized--later summer through late fall)
- [] Eyed eggs (eyes visible in egg--available early winter through mid winter)
- [] Alevin (newly hatched yolk-sac fry--generally not transportable)
- [] Emergent fry (early free swimming juvenile salmonid--available spring)

I wish to obtain the above by means of: (check appropriate box)

- [] Directly from hatchery. Name of hatchery: _____
Approximate date of transport: _____ to _____, 19____
[] production egg-take [] incubator

- [] Remote location. Name of stream, river, or lake: _____
Approximate date of transport: _____ to _____, 19____
Method: (check appropriate box)

- [] beach seine [] gillnet [] dipnet [] rod and reel
- [] other technique (please explain the procedures planned for the egg take):

Isolation measures planned to control disease during transport, including description of container, water source, and method and plan for transport: _____

The eggs and fish will be reared in:

- recirculating aquarium flow-through aquarium
- Other (describe incubation and rearing system)

Source of water for rearing and proposed effluent discharge location: _____

Final disposition: (check appropriate box) and approximate date of disposition: _____ to _____, 19__

- destroyed as a result of experimentation
- destroyed at termination of project
- released at egg take site
- released into ADF&G approved landlocked lake. Name: _____

Release should be times as nearly as possible to the natural timing of the donor stock, the plankton bloom, or at a time appropriate to maximize the survival rates. The project is for educational purposes only and any adult returns from this project may not be claimed as exclusive property of the project.

The following persons will participate in the project under terms of the permit being requested:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that all statements entered on this application are true, that I will abide by all conditions and restrictions of a permit if issued, and promise to submit a report of activities carried out under terms of such permit within 30 days of its expiration date.

(signature)

(date)

The completed application must be submitted to the Alaska Department of Fish and Game, Commercial Fisheries Management and Development Division, PNP Program, P.O. Box 25526, Juneau, AK 99802.