

State of Alaska Department of Fish and Game

Scientific Permit Application

Part A: Applicant Information					
Applicant Name:					
Organization:					
Mailing Address:		City:	State:	Zip:	
Email Address:		Phone:	Cell:	Cell:	
Administrative contact for permit (if different than above):					
Name:	Email:		Phone:		
Part B: Project Summary (please attach study plan)					
Project Title:					
Principal Investigator (if not applicant):			Requested Start Date:		
IACUC Status:	Final Approval (attach copy) Pending Not required				
This project will involve (check all that apply):					
□ lethal collection □ live	e capture 🛛 🗌 captive s	study 🛛 salvage	e 🛛 survey or oth	er()	
Please provide the dates and locations (be specific) of your proposed field activities:					

Please provide a summary of the activities for which you are requesting a permit (include species, sample sizes, marking, surgical, or other procedures, biological samples to be taken, etc.). You <u>must</u> complete this section; do not reference your study plan in lieu of providing a summary.

Disposition of specimens (lethal collection or captive only):

I certify that all statements entered on this application are true and that I will abide by all conditions and restrictions of a permit if awarded.

(Signature of Applicant)*

(Date)

*Signature not required if application is submitted via an official government or university email address.

Your application must include the following (additional materials may be requested following initial review):

- 1. completed application form
- 2. study plan
- 3. current (final) IACUC approval.

Completed applications should be emailed to <u>dfg.dwc.permits@alaska.gov</u>. Mail signed originals to Alaska Department of Fish & Game/Wildlife, Permits Section, P.O. Box 110024, Juneau, AK 99811-0024.