



# MARYLAND DEPARTMENT OF NATURAL RESOURCES FISHERIES SERVICE

## EDUCATIONAL PERMIT APPLICATION

INSTRUCTIONS: PERMIT IS LIMITED TO PROJECTS AT INDIVIDUAL SCHOOLS ONLY.  
COLLECTING WILD AQUATIC ORGANISMS, EVEN IF IMMEDIATELY RELEASED, REQUIRES A SCIENTIFIC COLLECTION PERMIT.  
COMPLETE ALL INFORMATION (BOTH SIDES OF THE APPLICATION). PLEASE PRINT OR TYPE.  
RETURN COMPLETED APPLICATION TO RICHARD BOHN, DNR FISHERIES SERVICE B-2, 580 TAYLOR AVENUE, ANNAPOLIS MD 21401

NAME AND TITLE OF PRINCIPAL OFFICER	MAILING ADDRESS
CONTACT PHONE NUMBER	EMAIL (OPTIONAL)
SCHOOL PHONE NUMBER, IF DIFFERENT  COUNTY WHERE SCHOOL IS LOCATED	SCHOOL ADDRESS, IF DIFFERENT

### TYPE OF OPERATION (CHECK APPROPRIATE CATEGORIES)

\_\_\_\_\_ TANK CULTURE      \_\_\_\_\_ POND CULTURE      \_\_\_\_\_ SHELLFISH CULTURE

\_\_\_\_\_ OTHER (please specify) : \_\_\_\_\_

### FACILITY SPECIFICS (mark those that apply)

NUMBER OF PONDS \_\_\_\_\_ SURFACE AREA OF EACH POND (acres) \_\_\_\_\_ OR

BUILDING LOCATION AND/OR ROOM NUMBER \_\_\_\_\_

NUMBER OF TANKS \_\_\_\_\_ SIZE OF EACH TANK (gallons) \_\_\_\_\_

WATER SOURCE AND ESTIMATED AMOUNT TO BE USED YEARLY \_\_\_\_\_

ESTIMATED AMOUNT OF DISCHARGE FROM THE OPERATION \_\_\_\_\_

DISCHARGE METHOD AND/OR TREATMENT \_\_\_\_\_

### SPECIES TO BE CULTURED AND ORIGIN/SOURCE OF EACH SPECIES

I HEARBY APPLY FOR THE ABOVE PERMIT AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

SIGNATURE OF APPLICANT

DATE

