

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:			
Administrative contact for permit (if different than above):							
Name:	Email:			Phone:			
Α							1
Part B: Project Summary (please attach study plan)							
Project Title:							
Principal Investigator	stigator (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 capture	captive stu	udy 🗌 salvage	☐ survey	or other	()
Ä							
Please provide the dates and locations (be specific) of your proposed field activities:							
Á							
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.							
not reference your state	iy piair iir iica or pre	oviding a bann	iiai yi				
•							
Disposition of specimens (lethal collection or captive only):							
Á							
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.							
	nature of Applicant)*		· ———	(Da	ato)		
(Sigi	idiale of Applicatil)			(De	11 0 /		

*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 dfg.dwc.permits@alaska.gov. Mail signed originals to Alaska Department of Fish & Game/Wildlife, Permits Section, P.O. Box 115526, Juneau, AK 99811-5526.