

## 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:			
Á							
Part B: Project Summary (please attach study plan)							
Project Title:							
Principal Investigator	Requested Start Date:						
IACUC Status: Final Approval (attach copy) Pending Not req							
This project will involve (check all that apply):							
lethal collection	🗌 live captu	ure Captive st	udy 🗌 salvage	🗌 sı	urvey or othe	er (	)
A 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.							
<b>,</b> ,							
Disposition of specimen	s (lethal col	lection or captive on	ly):				
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.							
(Sian	ature of Applic	cant)*	<u> </u>		(Date)		
*Signature not required if a		,	ial government or u	niversity	1 /	s	
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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 115526, Juneau, AK 99811-5526.