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Application for a Mississippi Department of Marine Resources Special Permit

Applicant Name:	Date:	Permit Type Requested (select one): <input type="checkbox"/> Scientific Research <input type="checkbox"/> Non-Profit Organization Harvesters <input type="checkbox"/> Marine Brood Stock Collection <input type="checkbox"/> Experimental Gear/Underutilized Species
	Phone:	
	E-mail:	
Official title of applicant and institution /affiliation:		
Applicant address:		
Name(s) of all personnel conducting field activities:		
Target species and number of each to be collected (if applicable):		
Make/model/length, registration, and/or documentation number(s) of all vessels and/or vehicles involved in field activities:		
General description of all field activities:		
Schedule of all field activities: (For each field activity include the proposed date, the estimated duration of the collection activity per site, the location by GPS or Lat./Long. and attach a map showing the geographical location of collection activities.)		
Types of gear or equipment to be used during field activities and methods of deployment:		
Proposed Deposition of collected specimens/samples (if applicable):		
Signature of applicant:		Date:

Other pages may be attached as necessary