



ENHANCE • PROTECT • CONSERVE

## Application for a Mississippi Department of Marine Resources Special Permit

|  |         |  |
|--|---------|--|
| Applicant Name:  | Date:   | Permit Type Requested (select one):<br><input type="checkbox"/> Scientific Research<br><input type="checkbox"/> Non-Profit Organization Harvesters<br><input type="checkbox"/> Marine Brood Stock Collection<br><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:<br>Will sampling occur on a Coastal Preserve  |         | sampling will occur on land<br>sampling will occur on water  |
| Schedule of all field activities: <b>(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.)</b> |         |  |
| 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