

Maine Department of Inland Fisheries and Wildlife 353 Water Street, 41 SHS, Augusta, ME 04333 Phone 207-287-5261 / Fax 207-287-6395

APPLICATION FOR SCIENTIFIC COLLECTORS PERMIT (FISHERIES)

Affiliation or Company Name:				
Principal Officer Name:				
First	Last	MI		
Mailing Address:				
Street/Road or Box #	City or Town	Dhana Numbaw /	State	Zip Code
Email Address:		Phone Number: ()	-
Date of collection://				
Purpose of Collection:				
Location (waterbody, township, county):				
Type of gear:				
Species and number to be collected:				
What disposition will be made of the specimens	s collected?			
Name of subpermittees:				
If more space is needed to answer any quest	tions, please use back of form or atto	ach an additional document t	o this applicat	ion.
*Reporting requirements: Copies of any data form: Augusta Office (MDIFW, Attn: Fisheries Division, 35 should include dates, locations, species handled/co approved under this permit. Data forms can be em	53 Water Street, Augusta, Main ollected, number per species co	e 04333) by the end of t ellected, and the disposit	he calendar ion for spec	year. Data
*If you are working on a watershed where Atlantic additional permit from either the National Marine Additionally, if you are conducting work on Tribal Is	Fisheries Service 866-7322 or U	J. S. Fish & Wildlife, Old	-	-
Signature:		Date:		

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