



APPLICATION TRIPLOID GRASS CARP STOCKING PERMIT

Fee: \$50.00 (22.86)

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned.
PROCESSING TIME: Allow thirty (30) days.

- SLAP Entity ID (Special Permit and License ID) - New applicants SLAP ID will be assigned when the permit is issued.
- Federal Tax ID or SSN only required for new applicants.

Importation Permit Requirement: An Importation permit, (\$15) is required in addition to this permit to be able to import Triploid Grass Carp into the state of Nevada. Please submit the Importation permit application at the same time the Triploid Grass Carp Stocking permit application is submitted.

NOTE: When answering the following questions, a separate description must be provided for each body of water on the property where the applicant wishes to stock certified triploid grass carp. Separate, unconnected properties require separate applications.

INSTITUTION OR BUSINESS ENTITY INFORMATION- (Institution or business entity the permit is for.)

| | | | |
|---|--------|------|-----------------|
| INSTITUTION OR BUSINESS ENTITY NAME: (If same as responsible party indicate SAME) | | | SLAP Entity ID |
| MAILING ADDRESS: | | | FEDERAL TAX ID: |
| CITY: | STATE: | ZIP: | E-MAIL ADDRESS: |
| PHYSICAL ADDRESS: | | | |
| CITY: | STATE: | ZIP: | TELEPHONE: |

RESPONSIBLE PARTY– Person responsible for permit

| | | | | |
|-------------------------|---------|-----------|-----------------|----------------|
| NAME [LAST] | | [FIRST] | [MIDDLE] | SLAP Entity ID |
| MAILING ADDRESS: | | | | SSN |
| CITY: | STATE: | ZIP: | E-MAIL ADDRESS: | |
| PHYSICAL ADDRESS: | | | | |
| CITY: | STATE: | ZIP: | TELEPHONE: | |
| HEIGHT: | WEIGHT: | HAIR: | EYES: | GENDER: |
| DRIVER'S LICENSE NUMBER | | STATE: | DATE ISSUED: | |
| OCCUPATION: | | EMPLOYER: | | |
| WORK ADDRESS: | | | | |

1. Address and legal description of the location of the pond or lake to be stocked with triploid grass carp:

2. The purpose for controlling vegetation in this closed aquatic system is because vegetation interferes with
 Recreational use Domestic use Municipal use
 Agricultural use Industrial use of the water
 OR Vegetation impairs the quality of the water in the system.

3. What is the present use of the body of water? _____

4. What is the source of water for the body of water to be stocked? _____

5. YES NO Will the outflow from the closed aquatic system enter any other body of water or aquatic system? If YES, what is the name, location, and distance to that body of water? _____

6. What species of fish are presently in the closed aquatic system? _____

7. What is the approximate number of surface acres of the body of water? _____

8. What is the average depth of the body of water? _____

9. Number of triploid grass carp to be stocked? _____

10. Vendor name and address for the source of triploid grass carp to be imported and stocked? _____

I, the signator, in signing this application, hereby state that I am entitled to this permit under the laws of the State of Nevada and that no false information or false statement has been made by me to obtain this license.

Signature of Applicant

Date

Submit your completed application and fee to the appropriate office below:

Western Region

Nevada Department of Wildlife
 Special Licenses and Permits
 1100 Valley Rd, Reno, NV 89512
 Telephone: (775) 688-1500
 Counties: Carson City, Churchill, Douglas,
 Humboldt, Lyon, Mineral, Pershing, Storey, Washoe

Southern Region

Nevada Department of Wildlife
 3373 Pepper Ln.; Las Vegas, NV 89120
 Telephone: (702) 486-5127
 Counties: Clark, Esmeralda, Lincoln, Nye

Eastern Region

Nevada Department of Wildlife
 60 Youth Center Road; Elko, NV 89801
 Telephone: (775) 777-2300
 Counties: Elko, Eureka, Lander, White Pine

FOR DEPARTMENT USE ONLY

Department Representative: _____

Date Received: _____

Date Approved: _____

Date Returned for Additional Information: _____

Date Disapproved: _____

Letter Sent: _____

REASON FOR DISAPPROVAL: