Permit Duration: Up to 5 years **Permit Fee:** No fee

Fish Stocking Permit Application

For more information about this license visit: www.dec.ny.gov/permits/25026.html

For Office Use Only								
License #:								

Applicar	nt Information	ı										
*Name:								*Date of Birth	.•	1	1	
ivaille.	Last		First				M.I.	Date of Birtin	MM	_ / DD	/	
*Address:	Street Address		Apartme	ent/Unit			ity					
	County					State	Zip	Code				
*Phone:	()		Email:									
Owner/l	Lessee Informa	ation (*Complete	this section if	water t	to be stoci	ked is pri	ivately o	wned & contact	t is diff	erent	than above)	
,			,				J		,,		,	
*Name:								*Phone: ()			
La	st		First				M.I.					
*Address:					_							
	Street Address		Apartme	ent/Unit	City				State	Zi	p Code	
Stocking	g Location Info	ormation										
Waterbod	ly		Waterbody									
Name: (if			Location:					-				
applicable)				Town				County				
Lake or	Pond Characte	eristics (Complete	this section i	f fish wi	ill be stoci	ked into	a lake or	pond)				
Type of	□ Natural	Surface			ne lake/po							
lake/pond	lake/pond: Artificial/Man-made Area (Acres): the nearest water it drains into:											
Fish Spe	rcies											
_		ou intend to stock	and the sour	ce from	which vo	u will acc	auire the	fish:				
Species:					ource:		-,					
				_	_							
				_	_							
				_								
	ole, indicate the fis ntly inhabit the w	=										
that curre			`				A 15	Cl1	_1:			
		red Document(s			(Refore	sending		cation Check		v the	following)	
(must be submitted with your application) ☐ Map depicting the location/pond to be licensed				(Before sending this application, please verify the following) ☐ All application fields marked with an asterisk (*) are complete¹								
(Example maps: topographic, road/highway, etc.)					☐ You signed and dated below							
NOTICE: D.		in 2 0204/21/01 ful			this moulis			da in manandanaan	4- C	i 21	10 45 of the	
NOTICE: Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Code.												
								/		/		
Applicant	s's Signature							Date				

Please allow 45 days for DEC to review and process your application. Incomplete or vague applications will be returned and delay the processing of your permit.



DEC Regions: Use the map to find the appropriate DEC Regional Fisheries Office to mail your application.

Region 1

50 Circle Rd Stony Brook, NY 11790 (631) 444-0280

Region 2

47- 40 21st Street Long Island, NY 11101 (718) 482-4922

Region 3

21 South Putt Corners Rd. New Paltz, NY 12561-1696 (845) 256-3161

Region 4

65561 State Hwy 10, Suite 1 Stamford, NY 12167-9503 (607) 652-7366

Region 5 (multiple offices) Route 86, PO Box 296 Ray Brook, NY 12977-0296 (518)897-1200

-OR-

232 Golf Course Road, PO Box 220 Warrensburg, NY 12885 (518) 623-1200

Region 6

State Office Building 317 Washington Street Watertown, NY 13601-3787 (315) 785-2263

Region 7

1285 Fisher Avenue Cortland, NY 13045-1090 (607) 753-3095

Region 8

Attn: Bait License 6274 East Avon-Lima Rd. Avon, NY 14414-9519 (585) 226-2466

Region 9 (multiple offices)
182 East Union St. Suite 3
Allegany, NY 14706
(716)372-0645
-OR270 Michigan Avenue
Buffalo, NY 14203-2999

(716)851-7000