



**APPLICATION FOR INDIANA
AQUACULTURE PERMIT**

State Form 47058 (R8 / 6-22)
Approved by State Board of Accounts, 2022

**INDIANA DEPT. OF NATURAL RESOURCES
ATTN: COMMERCIAL LICENSES
DIVISION OF FISH AND WILDLIFE**
402 W. Washington St., Rm W273
Indianapolis, IN 46204-2781
Phone: (317) 232-4102
Fax: (317) 232-8150
www.wildlife.IN.gov

FEE \$15.00

- Instructions:*
1. Please type or print information.
 2. Be sure to read all regulations
 3. Please mail the completed form to the address shown above with the \$15.00 fee (IC 14-10-2-1).

Please check one: New Renewal Today's Date (mm/dd/yy) _____

Name of Company or Organization _____

Name of Applicant/Principal Officer (first, last) _____

Address (number and street) _____

City, State, ZIP Code _____

County _____ Telephone Number (_____) _____

Website _____ E-Mail Address _____

Species of fish requested to be imported, purchased, sold or transported:

- Triploid Grass Carp Paddlefish Barramundi

Other species (please specify)

- _____

Fish will be raised and sold for:

- Human or animal consumption
 Stocking into private waters

Do you wish to be listed on the Division of Fish and Wildlife website? Yes No

Note: Only the information provided on this application will be used on the website.

Please return completed application with the license fee of \$15.00 made payable to the Indiana DNR:

ATTN: Commercial Licenses
Division of Fish and Wildlife
402 W. Washington Street, Room W273
Indianapolis, IN 46204

AGREEMENT

Under the penalties of perjury (IC 35-44-2-1), I affirm that the information supplied by me is true and correct to the best of my knowledge.

Signature of Applicant _____ **Date (mm/dd/yy)** _____

FOR OFFICE USE ONLY

Date application received(mm/dd/yy) _____ Date permit issued(mm/dd/yy) _____

Approved by _____ Date approved(mm/dd/yy) _____ Permit number _____

Comments: _____