Reset Form

APPLICATION FOR INDIANA AQUACULTURE PERMIT

State Form 47058 (R6 / 6-13)

DEPARTMENT OF NATURAL RESOURCES
Attn: Commercial License Clerk
Division of Fish and Wildlife
402 W. Washington St., Rm W273
Indianapolis, IN 46204-2781
Phone: (317) 232-4102
Fax: (317) 232-8150

INSTRUCTIONS: *1. Please type or print information.*
2. Be sure to read all regulations.

This free permit is required to import, raise, sell or transport grass carp into or within Indiana, as required by 312 IAC 9-10-17.

Please check one: ☐ New ☐ Renewal Date *(month, day, year)*_____

Name of Company or Organization_____

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

Address (*number and street*)_____

City, State, and ZIP Code_____

County _____ Telephone Number (_____)_____

Website _____ E-Mail Address _____

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

Grass Carp
- ☐ Diploid
- ☐ Triploid

Other (*please specify*)
- ☐ _____
- ☐ _____

Fish will be raised and sold for:
- ☐ Human or animal consumption
- ☐ Stocking into private waters
- ☐ Other (*please specify*) _____

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 list all facilities where fish will be held under this permit on back of form.

Please return completed application to:

Permit Coordinator
Division of Fish and Wildlife
402 W. Washington Street, Room W273
Indianapolis, IN 46204

AGREEMENT

I have read and understand the regulations for the aquaculture permit and agree to abide by them. 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 *(month, day, year)***_____

FOR OFFICE USE ONLY

☐ Approved ☐ Disapproved Permit number issued _____ Date permit issued_____

Signature of Fisheries Staff Specialist _____

Comments/Notes: _____

Facilities where fish will be housed under this permit:

Location 1

Facility _____

Address (*number and street*)_____

City, State and ZIP code_____

County_____ GPS Coordinates (*if available)*_____

Location 2

Facility _____

Address (*number and street*)_____

City, State and ZIP code_____

County_____ GPS Coordinates (*if available)*_____

Location 3

Facility _____

Address (*number and street*)_____

City, State and ZIP code_____

County_____ GPS Coordinates (*if available)*_____

Location 4

Facility _____

Address (*number and street*)_____

City, State and ZIP code_____

County_____ GPS Coordinates (*if available)*_____

Location 5

Facility _____

Address (*number and street*)_____

City, State and ZIP code_____

County_____ GPS Coordinates (*if available)*_____