



APPLICATION FOR INDIANA FISH STOCKING PERMIT

State Form 47056 (R4 / 6-22)
Approved by State Board of Accounts, 2022

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

FEE: \$10.00

INSTRUCTIONS

1. Please print or type information.
2. Submit application form with payment in the amount of \$10.00 made payable to Indiana DNR (as required by IC 14-10-2-1).
3. Return completed application and permit fee to the above address.

A permit is needed to stock fish in the waters containing state-owned fish, waters of this state, or boundary waters of this state under rules adopted by the department (IC 14-22-9-8 and 312 IAC 9-10-8).

Name of Applicant (First, Last) _____

Name of Company or Organization _____

Address (Number and Street, City, State, and ZIP Code) _____

Telephone Number(_____) _____ E-Mail Address _____

Name and Title of Principal Officer (if applicable) _____

FISH STOCKING INFORMATION

1) First Species of Fish to be Stocked _____

2) Name of Lake(s) or Stream(s) _____ 3) Proposed Stocking Date(s) _____

4) County _____ 5) Nearest Town _____

6) Number of Fish to be Stocked _____ 7) Size(s) of Fish to be Stocked _____

8) Source of Fish (company name and state) _____

1) Second Species of Fish to be Stocked _____

2) Name of Lake(s) or Stream(s) _____ 3) Proposed Stocking Date(s) _____

4) County _____ 5) Nearest Town _____

6) Number of Fish to be Stocked _____ 7) Size(s) of Fish to be Stocked _____

8) Source of Fish (company name and state) _____

NOTE: If additional species of fish or locations will be stocked, please include all of the required information on the back of this form.

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

Signature of Applicant _____ **Date Signed (month, day, year):** _____

FOR OFFICE USE ONLY

Permit Number _____ Date Issued _____ Check Number _____

Approved Denied Approved by _____ Date _____