New York	State Departmen	t of Environmental	Conserva	tion					
Permit Duration Permit Fee: No		Fish Stocking Permit <i>Application</i> For more information about this license visit: www.dec.ny.gov/permits/25026.html				Licens	For Office Use Only License #:		
Applicant Inform	nation								
*Name:		First			* M.I.	Date of Birt	h:/ 	/ 	
*Address: Street Addr	255	Apartment,	/Unit		ity				
County				State	Zip Cod	de			
*Phone: ()_ Owner/Lessee In	 nformation (*Con	Email:	ater to be s	tocked is pri	vately own	ed & contac	t is differe	nt than above	
*Name:		First			<i>M.I.</i>	*Phone:	()		
*Address: Street Addres	S	 Apartment/	Únit City				State	Zip Code	
Stocking Locatie Waterbody Name: (if applicable)	on Information	Waterbody —— Location: —— _{Tov}	vn			County			
Lake or Pond Ch	aracteristics (Con	nplete this section if fi	ish will be s	tocked into	a lake or po	ond)			
Type ofImage: Naturelake/pond:Image: Artif	••••	face a (Acres):		/pond has ar st water it dr		me 			
Fish Species *Identify the fish species:	pecies you intend to	stock and the source	from which Source:	•	quire the fi	sh :			
<i>If applicable,</i> indicat that currently inhab									
Required Document(s) (must be submitted with your application) Map depicting the location/pond to be licensed (Example maps: topographic, road/highway, etc.)				Application Checklist (Before sending this application, please verify the following) All application fields marked with an asterisk (*) are complete ¹ You signed and dated below					
NOTICE: Pursuant to New York State Pena		'Q), false statements ma	de on this ap	plication are	punishable	in accordanc	e to Section .	210.45 of the	
 Applicant's Signatu	ro					 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.

Mail or submit your completed application and required document(s) to your local Regional Fisheries Office.



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 -**OR-**270 Michigan Avenue Buffalo, NY 14203-2999 (716)851-7000