New York	State Departmen	t of Environmental	Conserva	tion					
Permit Duration Permit Fee: No		<b>Fish Stocking Permit</b> <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	<b>Email:</b>	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: —— <sub>Tov</sub>	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 <sup>1</sup> 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