



For Office Use Only

Permit Duration:
March 1 – November 30
Permit Fee: No fee

Triploid Grass Carp Stocking Permit
Application

For more information about this license visit:
www.dec.ny.gov/permits/25024.html

License #: _____

Applicant Information

*Name: Last First M.I. *Date of Birth: MM / DD / YYYY
*Address: Street Apartment/Unit City State Zip Code
Business/Organization Name (if applicable) *Phone: () - Email:

Pond Owner/Lessee Information (*Complete if different than above)

Name: Last First M.I. Phone: () -
Address: Street City State Zip Code

Pond Location & Characteristics

*Address: Street/Nearest Intersection City/Town County
*Principal Use(s) of Pond: (Check all that apply) Fishing Boating Swimming Aquaculture Other:
*Surface Area (Acres): *Maximum Depth (Feet): *Average Depth (Feet):
*Pond Type: *Water Supply: (Check all that apply)
If the pond has an outlet, identify the nearest body of water it drains into:

Fish Species

If applicable, list fish species in pond:
If previously stocked with grass carp, indicate the year and number stocked: Year Number stocked

Plant Species/Vegetation

*Briefly describe the plant problem:
*Indicate the plant species and the percent coverage and density of each species in the pond:
Plant Species Coverage (%) Density (see descriptions to right)
Density Classification and Descriptions
Low = Plants scattered; small patches of dense growth may occur; fishing lure can easily be retrieved without fouling.
Medium = Intermediate between low and high.
High = Dense mats; usually obvious on surface of pond; fishing lure being retrieved is fouled.

Required Document(s)

(must be submitted with your application)

- Map highlighting 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 complete¹
You signed and dated below.

NOTICE: Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Code.

Applicant's Signature

Date

Please allow 45 days for DEC to review and process your application.
¹Incomplete or vague applications will be returned and delay the processing of your permit.



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

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