



NAME OF APPLICANT: _____ Telephone: _____

APPLICANT'S ADDRESS: _____ Email: _____

Street Address: _____ Apt/Ste: _____ City: _____ State: _____ Zip _____

RENEWAL?	No	Yes	Applicant name used on original Permit, if different: _____ Name of Water used on original Permit, if different: _____
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NAME OF WATER: _____

LOCATION OF WATER: Township: _____ Range: _____ Section: _____ County: _____
 Latitude: _____ Longitude: _____

TYPE OF WATER: Natural Lake Artificial Pond Stream/River Aquarium Marine

SIZE OF WATER: Lake: _____ acres _____ length _____ width Stream: _____ length

RIVER DRAINAGE WHERE THE WATER IS LOCATED:

OWNERSHIP OF SURROUNDING LAND: Public Private Combination of Public and Private

PUBLIC ACCESS: Closed Open to the public with no fee Open to the public with a fee

SPECIES OF FISH PRESENT:

SPECIES, NUMBER, AND SIZE OF FISH TO BE STOCKED:

Species	Number	Size

WHERE WILL THE FISH BE OBTAINED? (name and address of registered aquaculturist):

SIGNATURE OF APPLICANT: _____ DATE: _____

For Department Use Only
PRIVATE FISH STOCKING PERMIT

This permit is issued under authority of Section 6401 of the Fish and Game Code, and authorization of the Fish and Game Commission. Permission is hereby granted to the above named individual to transport and stock the above named fish in the numbers and species described, and stock those fish in the above identified location. All fish planted under this permit must be free from infectious disease, and a copy of this permit must be carried at all times while transporting the above described numbers and species of fish.

This permit is valid from the date of approval until: Day _____ Month _____ Year _____

Approved: _____ Date: _____

Regional Manager, Branch Chief, or Designated Representative

Region: Northern (1) North Central (2) Bay Delta (3) Central (4) South Coast (5) Inland Deserts (6) Marine (7)

Distribution: Original to the Region Three Copies to the Permittee: *The Permittee must provide one copy each to the Registered Aquaculturist and the Wildlife Officer.*