



BEFORE COMPLETING THE AMENDMENT FORM

Please read all instructions before completing the amendment form. It is also important that you read the current SCP Application and Laws and Regulations (DFW 1379d) regarding scientific collecting, so that you have a thorough understanding of the requirements. The SCP Application and laws and regulations are available at <https://www.wildlife.ca.gov/Licensing/Scientific-Collecting>. Additional State and federal permits may be required and your application may be deemed incomplete and returned if copies of these permits are not submitted with the Scientific Collecting Permit Amendment Form.

This SCP amendment form is only used to **request changes to your existing SCP, proposing to change a Principal Scientific Investigator on the permit, or when adding or removing employees or volunteers from the original list.** This amendment form will not extend the expiration date of your existing SCP. When you need to renew your SCP, the SCP application form (DFW 1379) should be used.

A SCP does **not** authorize animal relocation for non-scientific purposes or as part of California Environmental Quality Act (CEQA) mitigation or movement of animals “out-of-harm’s way”.

Wildlife or plants listed under the California Endangered Species Act or as Fully Protected, require a permit or Memorandum of Understanding (MOU) for take for research purposes; however, the SCP is not the appropriate permit for this activity. Additional information on plant permits is available at www.wildlife.ca.gov/habcon/plant/ or by contacting the Department of Fish and Wildlife’s (Department) Habitat Conservation Branch at (916) 653-4875. A SCP is not required to collect freshwater aquatic plants.

COMPLETING THE AMENDMENT FORM

INCOMPLETE AMENDMENT FORMS MAY BE RETURNED AND WILL DELAY THE ISSUANCE OF YOUR SCP AMENDMENT. YOU MUST NOT BEGIN ANY NEW COLLECTION ACTIVITY OR ADD OR REMOVE EMPLOYEES OR VOLUNTEERS UNTIL YOU HAVE RECEIVED A VALIDATED SCP AMENDMENT FROM THE DEPARTMENT.

IMPORTANT! Please allow a **minimum of 12 weeks** for processing any amendment to an existing SCP. Please allow 15 business days for processing when only adding or removing employees or volunteers from an existing SCP issued to a qualified entity. The Amendment Form will become part of your SCP when validated and returned to you. **SCP amendments are not transferable.**

CHECK LIST FOR AMENDING YOUR EXISTING SCP

Please remember to...

- Complete **all** pages of the Scientific Collecting Permit Amendment Form (DFW1379e). Only complete Section 1 (individual) **or** Section 2 (qualified entity). **Do not complete both.**
- Sign and date **Page Two** of the form.
- Complete **Page Three** by providing a detailed justification (i.e., purpose(s), methods(s), species and numbers, locations(s), and disposition of all species). Please be specific.
- Provide a complete copy of current federal and State permit(s) and any other written State authorizations such as a current MOU if applicable.
- Submit a cashier’s check, money order, or personal or business check*, or completed credit card authorization form** for the application fee.

Mail **ALL FOUR PAGES** of your completed Scientific Collecting Permit Amendment Form, complete copies of current federal and State permit(s) if required, and the appropriate application fee to the Department of Fish and Wildlife, License and Revenue Branch, 1740 N. Market Blvd., Sacramento, CA 95834. Contact the License and Revenue Branch’s Special Permits Unit by telephone at (916) 928-5849 or e-mail at spu@wildlife.ca.gov if you need additional information.



PAYMENT POLICY

The Department accepts cashier's checks, money orders, personal or business checks* or credit cards.** If a receipt for payment is needed before the amendment is issued, please notify the Department when the amendment form is submitted. **DO NOT SEND CASH.*****

***Personal or business checks** will be accepted by the Department if a name and address are imprinted on the check. Checks returned to the Department due to insufficient funds will render your permit invalid. The Department may also deny the issuance or renewal of any permit if a person has failed to reimburse the Department for the amount due. Any activity performed without a valid permit is a violation of the Fish and Game Code and therefore subject to enforcement action. Make checks payable to the Department of Fish and Wildlife.

****Credit Cards** – Licenses, permits, tags, stamps, or registrations may be purchased with a Visa or MasterCard by completing a Credit Card Authorization Form (FG1443). The form is available at <https://www.wildlife.ca.gov/Licensing/Scientific-Collecting>.

*****Cash** will no longer be accepted at California Department of Fish and Wildlife offices starting January 1, 2017.

COMPLETE JUSTIFICATION SECTION AS RELATED TO SPECIES/ACTIVITY REQUESTED

If this section is left blank, your amendment form will be returned. Describe details of all of your requested activities in the justification place provided (i.e., purpose(s), method(s), species and numbers, location(s), disposition of all species and justification for collecting in a Marine Protected Area, if applicable). Please be specific. Attach additional pages if necessary. A Department biologist will determine whether or not additional documentation or written authorization is required.

STATE AND FEDERAL LAWS AND REGULATIONS

California Fish and Game Code Section 45 includes mollusks, crustaceans and invertebrates in the definition of "fish". Therefore, a SCP is required to collect these taxa for scientific, educational or propagation purposes.

Take or possession of animals designated as Threatened, Endangered, or Candidate under CESA, or as Fully Protected are not permitted with a SCP and require a MOU or permit in accordance with the appropriate Fish and Game Code section.

If you wish to take any birds protected by the Migratory Bird Treaty Act, **you must include a complete copy of your current federal permit(s) authorizing this activity with your Scientific Collecting Permit Amendment Form.**

REPORTING REQUIREMENTS

You must carry the Report of Specimens Captured or Salvaged (DFW 1379a) with your Scientific Collecting Permit and any amendments while collecting. The report must be filled out immediately upon completion of each collecting trip. The disposition portion of the report may be filled out when final disposition of the animals is known. Section 650(i), Title 14, of the California Code of Regulations requires that permittees submit a report within 30 days after the expiration of the permit or upon submitting an application to renew a SCP if the application is submitted prior to the expiration of a SCP. The report and instructions for completing it are available at <https://www.wildlife.ca.gov/Licensing/Scientific-Collecting> in a fill and save format. Upon completion of this electronic report, print a copy and attach it to your Scientific Collecting Permit Application or you may send an electronic copy to the License and Revenue Branch at spu@dfg.ca.gov. **Each individual to whom a SCP is issued must provide his or her own Report of Specimens Captured or Salvaged unless otherwise specified in the SCP. If you are not renewing your permit, you are still required to submit a final report within 30 days after of the expiration of your SCP. Any Special Report required in the conditions of your SCP must also be submitted.**

If you did not collect any specimens or collected the same individuals as another permittee, you still need to submit a report. Enter a single line indicating that no specimens were collected or indicate the permittee's name and SCP number for the specimens already reported. **DO NOT DUPLICATE DATA.**

The Department also requires that you record your field observations of Threatened, Endangered, or Special Concern species for addition to the California Natural Diversity Data Base. **The California Native Species Field Survey Form, instructions, and other accepted formats including digital, are available at www.dfg.ca.gov/biogeodata/cnddb/submitting_data_to_cnddb.asp.**

2016-2017 RULEMAKING AFFECTING SCPs

We thank you for your patience as we work to bring you an improved SCP Program. The Department is revising the Scientific Collecting Permit regulations and permit structure in 2016-2017 – for more information, please visit <https://www.wildlife.ca.gov/Licensing/Scientific-Collecting>.



Doc ID: _____

2017 AMENDMENT FEE - INDIVIDUAL OR ENTITY - \$105.83* STUDENT - \$26.27*

Fee includes a nonrefundable three percent (3%) application fee, not to exceed \$7.50 per item.

(Section 700.4, Title 14, California Code of Regulations (CCR)).

If your permit is an "Individual", "Entity" or "Student" Permit, you are required to submit a completed amendment form when requesting a change to an existing Scientific Collecting Permit or when your affiliation changes. For an entity with multiple Principal Scientific Investigators (PI's), this fee is required for each PI who is making changes to their employee or volunteer list.

DEPARTMENT USE ONLY		
THIS AMENDMENT IS VALID: FROM ____ / ____ / ____ THROUGH ____ / ____ / ____	PERMANENT ID NUMBER SC-	# OF PI's

BEFORE COMPLETING AMENDMENT: Read instructions on this form and the permit descriptions, mandatory conditions, and number authorizations on the current Scientific Collecting Permit (SCP) Application www.wildlife.ca.gov/licensing/forms/. Complete all appropriate portions of the amendment form. If the Department returns this amendment, it becomes part of and must be attached to your valid, existing SCP and carried with you while collecting. Type or print clearly.

SECTION 1 - INDIVIDUAL PERMITTEE INFORMATION - Complete only if original SCP was issued to an individual.

FIRST NAME		M.I	LAST NAME		GO ID NUMBER (FROM ALDS ISSUED LICENSE)	
AFFILIATION		<input type="checkbox"/> Check here if you want future correspondence mailed to your affiliation		TITLE		DATE OF BIRTH
PERMITTEE'S MAILING ADDRESS				DAY TELEPHONE		FAX NUMBER
CITY		STATE	ZIP CODE		E-MAIL ADDRESS	
AFFILIATION'S MAILING ADDRESS			CITY		STATE	ZIP CODE

SECTION 2 - ENTITY PERMITTEE INFORMATION - Complete only if you are requesting changes to your SCP and/or need to add or remove individuals from the list of employees or volunteers conducting activities on your SCP.

ENTITY'S NAME				GO ID NUMBER (FROM ALDS ISSUED LICENSE)		
ENTITY'S MAILING ADDRESS				DAY TELEPHONE		FAX NUMBER
CITY				STATE	ZIP CODE	

PRINCIPAL SCIENTIFIC INVESTIGATOR INFORMATION - Provide the following information and attach a statement of qualifications or resume for the full-time permanent employee responsible for providing adequate supervision and training of the employees and volunteers listed below or on current SCP. Attach additional pages for each PI.

FIRST NAME		M.I	LAST NAME		TITLE
GO ID NUMBER (FROM ALDS ISSUED LICENSE)		DAY TELEPHONE		E-MAIL ADDRESS	

LIST OF AUTHORIZED INDIVIDUALS: List **ALL** employees or volunteers that you are adding or removing from the current SCP under the Principal Investigator named above. Attach a separate list if needed. An amendment form must be submitted, approved, and returned to you by the Department before you can add or remove employees or volunteers from the current SCP.

FIRST NAME	LAST NAME	DRIVER'S LICENSE OR DMV ID NUMBER	STATE	MARK ONE	
				ADD	REMOVE
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

FOR DEPARTMENT OF FISH AND WILDLIFE USE ONLY

REVIEWED BY/DATE	TRANSACTION #	# OF PI's	LRB Routed TO/DATE 1. 2. 3.
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FIRST NAME	M.I.	LAST NAME OR ENTITY NAME <i>(If qualified entity)</i>	PERMANENT ID NUMBER SC-
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SECTION 3 – PERMIT INFORMATION

USE OF PERMIT: CHECK ALL APPLICABLE BOXES

- BIOLOGICAL CONSULTING (generally, catch and release only)
 RESEARCH
 MUSEUM COLLECTION
 EDUCATION
 STATE, FEDERAL OR OTHER AGENCY BIOLOGIST
 BIOLOGICAL COLLECTION SERVICE
 OTHER

Wildlife and Activity: Reminder - You must provide justification in Section 5 for each wildlife and activity circled here.

Check the type of wildlife to be taken **AND** circle the type of activity requested: S=sacrifice; R=capture and release; C = take into captivity; SL = salvage; M = mark.

- | | | | | | | | | | | | |
|--|---|---|---|----|---|---|---|---|---|----|---|
| <input type="checkbox"/> MAMMALS | S | R | C | SL | M | <input type="checkbox"/> FRESHWATER FISHES | S | R | C | M | |
| <input type="checkbox"/> BIRDS* <i>Other activity:</i> | S | R | C | SL | M | <input type="checkbox"/> FRESHWATER INVERTEBRATES | S | R | C | M | |
| <input type="checkbox"/> REPTILES | S | R | C | SL | M | <input type="checkbox"/> ANADROMOUS FISHES | S | R | C | M | |
| <input type="checkbox"/> AMPHIBIANS | S | R | C | SL | M | <input type="checkbox"/> MARINE FISHES | S | R | C | SL | M |
| <input type="checkbox"/> VERNAL POOL/TERRESTRIAL INVERTEBRATES | S | R | C | SL | M | <input type="checkbox"/> MARINE AQUATIC PLANTS | S | | C | SL | |
| *See Standard Condition "K" | | | | | | <input type="checkbox"/> MARINE/TIDAL INVERTEBRATES | S | R | C | SL | M |

CHECK ONE: Other SCP permittees are involved in activity or project. YES NO *(If yes, list the permittees below. Attach separate list if needed.)*

FIRST NAME	LAST NAME	SCIN NUMBER
		SC
		SC
		SC

SECTION 4 – SPONSOR INFORMATION

Students, teachers and individuals collecting on behalf of an organization must all have one member of the organization sponsor them. Sponsors must fully complete this section of the application. Students must have one faculty member with affiliation to the student's college or university sponsor the student. Elementary and secondary school teachers must be sponsored by their principal. In some other cases, the Department may review an application and determine that a sponsor is needed and will request this information directly from the applicant or organization.

SPONSOR'S FIRST NAME	M.I.	LAST NAME	
TITLE	ORGANIZATION	E-MAIL ADDRESS	
MAILING ADDRESS	CITY	STATE	ZIP CODE

SPONSOR'S CERTIFICATION/SIGNATURE: *I verify the take described in this application is required by this organization.*

X

APPLICATION CERTIFICATION

By checking all boxes, I hereby declare that the following information is provided in this amendment and in the justification section.

- Purpose
 Species + Numbers to be collected
 Collection Locations
 Species Disposition
 Methods/Activity
 Attached Federal/State Permit(s) (Applicable/Not Applicable – Circle appropriate one)

I understand that if I fail to provide all information, circle items or check the boxes, my amendment may be denied. I certify that I have read, understand, and agree to abide by, all conditions of this amendment and attachments, the applicable provisions of the FGC, and the regulations promulgated thereto (Title 14, Section 650). I certify that I am not currently under any Fish and Wildlife license or permit revocation or suspension, and that there are no other legal or administrative proceedings pending that would disqualify me from obtaining this amendment. I agree that if I make any false statement as to any fact required as a prerequisite to the issuance of this amendment, the amendment is void and will be surrendered where purchased, and I understand that I may be subject to prosecution pursuant to FGC Section 1054 or to other administrative actions pursuant to Section 746, Title 14, of the CCR.

APPLICANT SIGNATURE	DATE
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X



FIRST NAME	M.I	LAST NAME OR BUSINESS NAME <i>(If qualified entity)</i>	PERMANENT ID NUMBER SC-
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SECTION 5 – PERMIT JUSTIFICATION – Required for **ALL** activities.

Is a federal or additional state permit or MOU required? YES NO *(If yes, attach copies.)*

PROVIDE START AND END DATE AND/OR EXPLAIN SEASONAL REQUIREMENTS FOR YOUR WORK.	START	END
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REMINDER - You must provide justification here for each wildlife and activity circled in Section 3. Use the space below to summarize your proposed research. Be sure to include each of the following headers in **bold/underlined** and as follows: **purpose** (include scientific or educational need for the requested activity); **methods/techniques** (include equipment/gear) and the reason for using them; **species and numbers to be collected**, if known (include scientific and common names); **collection locations** (include counties and specific locales and reasons for choosing them); and **disposition**, which describes the organism's fate (i.e. sacrifice, catch and release, salvage, captivity). If you propose to collect in a Marine Protected Area (MPA), give the proper name of the MPA and explain (1) Why collection is required within an MPA and provide justification for why it cannot be conducted outside of an MPA; (2) Why the proposed methods are appropriate for this activity; and (3) Describe the frequency of the proposed activity per collecting area. If you are working in areas where special status species (listed, fully protected, or species of special concern) are expected to be incidentally captured, explain why collection is required in these areas, and describe how your methods/techniques and equipment/gear will avoid or minimize take of non-target sensitive species. If requesting marking/tagging, captivity, or sacrifice, specific details as described above must be included for each species and activity requested. Note: If you are working in areas where special status species are expected to be incidentally captured, you shall include such anticipated species in your list. **Attach additional pages if needed. Attach complete copies of appropriate federal permits and additional State permits (e.g., Memorandum of Understanding) to avoid delay of processing.**



FIRST NAME	M.I.	LAST NAME OR ENTITY NAME (If qualified entity)	PERMANENT ID NUMBER SC
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PERMANENT ID NUMBER **SC-**

ENTITY PERMITTEE – Complete only if applying as a qualified entity.

PRINCIPAL SCIENTIFIC INVESTIGATOR (PI) INFORMATION - Provide the following information and attach a statement of qualifications or resume for the full-time permanent employee responsible for providing adequate supervision and training of the employees and volunteers listed below. *The entity shall submit a non-refundable application fee for each PI. An additional permit fee is required for each PI when the permit is ready to be issued. YOU MUST ATTACH A COPY OF YOUR IDENTIFICATION (see page two of Instructions).*

FIRST NAME	M.I.	LAST NAME	TITLE
HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
DRIVER'S LICENSE or GO ID NUMBER)		DAY TELEPHONE	E-MAIL ADDRESS

LIST OF AUTHORIZED INDIVIDUALS: List **ALL** employees or volunteers that will be working under the Principal Scientific Investigator named above. **Attach a separate list** if needed. An amendment form and fee must be submitted, approved, and returned to you by the Department before you can add or remove employees and volunteers from this list.

FIRST NAME	LAST NAME	DRIVER'S LICENSE OR DMV ID NUMBER	STATE

FOR DEPARTMENT OF FISH AND WILDLIFE USE ONLY

APPLICATION FEE TRANSACTION #	PERMIT FEE TRANSACTION #
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FOR DEPARTMENT OF FISH AND WILDLIFE USE ONLY

_____ PAGES OF ATTACHMENTS NOTED IN THIS PERMIT SHALL REMAIN WITH THIS PERMIT AT ALL TIMES. CONDITIONS, AUTHORIZATIONS, AND APPROVALS ARE AS FOLLOWS:

ISSUED BY/DATE

DEPARTMENT REVIEWER(S) SIGNATURE 1.	2.	3.
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FIRST NAME	M.I	LAST NAME OR BUSINESS NAME <i>(If qualified entity)</i>	PERMANENT ID NUMBER SC-
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FOR DEPARTMENT OF FISH AND WILDLIFE USE ONLY

<input type="checkbox"/> _____ PAGES OF ATTACHMENTS NOTED IN THIS PERMIT SHALL REMAIN WITH THIS PERMIT AT ALL TIMES. CONDITIONS, AUTHORIZATIONS, AND APPROVALS ARE AS FOLLOWS:	ISSUED BY/DATE
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DEPARTMENT REVIEWER(S) SIGNATURE 1.	2.	3.
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