FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
MARINE TURTLE PERMIT APPLICATION

This form must be typed and signed in ink by the applicant. If a question is not applicable, enter N/A.

Applicant		**Organization/Agency**	
Mailing Address (Street or Box)		**City**	**State**
Zip Code	**County**	**Telephone (Day)**	**Telephone (Night/Cell)**
Date of Birth	**Occupation**	**FAX #**	**E-mail address**
Employer			

TO COMPLETE THE APPLICATION, IT IS NECESSARY TO RESPOND TO ALL OF THE FOLLOWING ITEMS. A SEPARATE PIECE OF PAPER CAN BE ATTACHED IF NECESSARY.

1. Proposed Activity and Justification: Please submit a detailed and specific description of the proposed activity. Explain purpose, objectives, methodology (attach research proposal if appropriate), and benefits to the recovery of marine turtle populations in Florida. Include detailed area maps if applicable. Also state the duration of activity for which the permit is sought.

2. Experience and Qualifications: Please include a detailed description of qualifications and experience of the applicant relevant to the proposed activities. In addition, a current resume of the applicant is required. Permits are issued to individuals and are not transferable.

3. Authorized Personnel: A principal permit holder may request that additional personnel be included on a permit. Please list below the name, complete mailing address, email address, and telephone number for each person and provide the information required under Experience and Qualifications above for each person. Please note that the principal permit holder is responsible for all activities conducted by persons authorized on the permit.

4. Protection Compliance: Have you ever been convicted of violating state, federal or international wildlife protection laws? ☐ Yes ☐ No (check the appropriate box)
If you answered yes, please provide information regarding the violation and resulting penalties.

I certify that the information submitted in this application for a permit is complete and accurate to the best of my knowledge.

Signature **Date**

Mail Completed Application To:

Florida Fish & Wildlife Conservation Commission
Imperiled Species Management Section
Tequesta Field Laboratory
19100 SE Federal Highway
Tequesta, Florida 33469

DEP 32-101, Revised 2/95; 3/98, (FWC) 7/99; 8/06