



Triploid Grass Carp Stocking Permit Application

For Office Use Only

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

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

License #: _____

Applicant Information

*Name: _____ *Date of Birth: ____/____/____
Last First M.I. 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: _____ Phone: () _____ - _____
Last First M.I.

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: Artificial/Man-made Natural
*Water Supply: (Check all that apply) Spring Stream Surface/rain water
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
_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Low = Plants scattered; small patches of dense growth may occur; fishing lure can easily be retrieved without fouling.
_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Medium = Intermediate between low and high.
_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> 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

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