

APPLICATION FOR A TRIPLOID GRASS CARP IMPORTATION PERMIT

Date of Application _____

Name of Applicant _____

Address of Applicant _____
(street, box, rural route)

(town, city, state, zip code)

Telephone Number of Applicant _____

Representing _____
(club, if any)

Location of Pond _____
(street, box , rural route)

(town, city, state, zip code)

(county)

Size of Pond _____

Number of Triploid Grass Carp to be Imported _____

Name of Vendor _____

Address of Vendor _____
(street, box, rural route)

(town, city, state, zip code)

Telephone Number of Vendor _____
(area code and number)

**Return to: West Virginia Division of Natural Resources
Wildlife Resources Section
801 State Street
Gassaway, West Virginia 26624
FAX (304) 364-5658**