

**APPLICATION FOR WEST VIRGINIA SCIENTIFIC COLLECTING PERMIT**

Name: \_\_\_\_\_

Institution\Affiliation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Profession: \_\_\_\_\_ Major professor: \_\_\_\_\_

Specific manner of collection \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose for which specimens are to be collected (attach project proposal): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will specimens be disposed? \_\_\_\_\_

\_\_\_\_\_

Date on which collecting is to be: \_\_\_\_\_

(Commence)

(Terminate)

County(s) & nearest town(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If aquatic, indicate stream(s) and nearest town(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach separate pages if additional space is required.

(Over)

Report that will result from studies and additional comments or information which may be pertinent to issuing this permit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received a WV permit in previous years? \_\_\_\_\_ Most recent year \_\_\_\_\_

**SPECIES TO BE COLLECTED OR HANDLED**

<u>GENUS</u>	<u>SCIENTIFIC NAME</u>	<u>SPECIES</u>	<u>NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send application to: Scientific Collecting Permit  
Wildlife Resources  
P.O. Box 67, Ward Road  
Elkins, WV 26241  
304-637-0250 (fax)  
barbara.d.sargent@wv.gov