

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 abstract):

How will specimens be disposed?

Date on which collecting is to be: _____
(Commence) (Terminate)

Location(s) where collections are to be taken (be specific):

County(s) _____ If aquatic, indicate:

Stream(s): _____ Location (distance to
nearest town, miles from the mouth) _____

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