

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)

