

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)

