

WEST VIRGINIA

DNR

APPLICATION FOR WEST VIRGINIA SCIENTIFIC COLLECTING PERMIT

Name: _____

Institution\Affiliation: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Profession: _____ Major professor: _____

Specific manner of collection: _____

Purpose for which specimens are to be collected (include project name; attach project proposal): _____

How will specimens be disposed? _____

Date on which collecting is to be: _____

Commenced

Terminated

County(s) & nearest town(s): _____

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

Report, publication or thesis 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? _____
Yes/No. If yes list most recent year.

SPECIES TO BE COLLECTED OR HANDLED

<u>Scientific Name</u>		<u>Number</u>
Genus	Species	

Attach separate pages if additional space is required.

Where will vouchered specimens be deposited? _____

Signature Date

Send application to: Scientific Collecting Permit
Wildlife Resources
P.O. Box 67, 738 Ward Road
Elkins, WV 26241
barbara.d.sargent@wv.gov