



# Triploid Grass Carp Stocking Permit Application

For Office Use Only

**Permit Duration:**  
March 1 – November 30  
**Permit Fee:** No fee

For more information about this license visit:  
[www.dec.ny.gov/permits/25024.html](http://www.dec.ny.gov/permits/25024.html)

License #: \_\_\_\_\_

## Applicant Information

**\*Name:** \_\_\_\_\_ **\*Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I. MM DD YYYY

**\*Address:** \_\_\_\_\_  
Street Apartment/Unit City State Zip Code

\_\_\_\_\_  
Business/Organization Name (if applicable) **\*Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

## Pond Owner/Lessee Information (\*Complete if different than above)

**Name:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Street City State Zip Code

## Pond Location & Characteristics

**\*Address:** \_\_\_\_\_  
Street/Nearest Intersection City/Town County

**\*Principal Use(s) of Pond:** (Check all that apply)  Fishing  Boating  Swimming  Aquaculture  Other: \_\_\_\_\_

**\*Surface Area (Acres):** \_\_\_\_\_ **\*Maximum Depth (Feet):** \_\_\_\_\_ **\*Average Depth (Feet):** \_\_\_\_\_

**\*Pond Type:**  Artificial/Man-made  Natural **\*Water Supply:** (Check all that apply)  Spring  Stream  Surface/rain water  
**If the pond has an outlet, identify the nearest body of water it drains into:** \_\_\_\_\_

## Fish Species

**If applicable, list fish species in pond:** \_\_\_\_\_

**If previously stocked with grass carp, indicate the year and number stocked:** \_\_\_\_\_  
Year Number stocked

## Plant Species/Vegetation

**\*Briefly describe the plant problem:** \_\_\_\_\_

**\*Indicate the plant species and the percent coverage and density of each species in the pond:**

Plant Species	Coverage (%)	Density (see descriptions to right)	Density Classification and Descriptions
_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<b>Low</b> = Plants scattered; small patches of dense growth may occur; fishing lure can easily be retrieved without fouling.
_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<b>Medium</b> = Intermediate between low and high.
_____	_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<b>High</b> = Dense mats; usually obvious on surface of pond; fishing lure being retrieved is fouled.

### Required Document(s)

(must be submitted with your application)

- Map highlighting the location/pond to be licensed  
*(Example maps: topographic, road/highway, etc.)*

### Application Checklist

(Before sending this application, please verify the following)

- All application fields marked with an asterisk ( \* ) are complete<sup>1</sup>
- You signed and dated below.

**NOTICE: Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Code.**

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

Please allow 45 days for DEC to review and process your application.  
<sup>1</sup>Incomplete or vague applications will be returned and delay the processing of your permit.



**DEC Regions:** Use the map to find the appropriate DEC Regional Fisheries Office to mail your application.

**Region 1**

50 Circle Rd  
Stony Brook, NY 11790  
(631) 444-0280

**Region 2**

47- 40 21st Street  
Long Island, NY 11101  
(718) 482-4922

**Region 3**

21 South Putt Corners Rd.  
New Paltz, NY 12561-1696  
(845) 256-3161

**Region 4**

65561 State Hwy 10, Suite 1  
Stamford, NY 12167-9503  
(607) 652-7366

**Region 5 (multiple offices)**

Route 86, PO Box 296  
Ray Brook, NY 12977-0296  
(518)897-1200

**-OR-**

232 Golf Course Road, PO Box 220  
Warrensburg, NY 12885  
(518) 623-1200

**Region 6**

State Office Building  
317 Washington Street  
Watertown, NY 13601-3787  
(315) 785-2263

**Region 7**

1285 Fisher Avenue  
Cortland, NY 13045-1090  
(607) 753-3095

**Region 8**

Attn: Bait License  
6274 East Avon-Lima Rd.  
Avon, NY 14414-9519  
(585) 226-2466

**Region 9 (multiple offices)**

182 East Union St. Suite 3  
Allegany, NY 14706  
(716)372-0645

**-OR-**

270 Michigan Avenue  
Buffalo, NY 14203-2999  
(716)851-7000