

Application for a Mississippi Department of Marine Resources **Special Permit** Applicant Name: Date: Permit Type Requested (select one): ☐ MDMR Scientific Research Phone: ☐ Non-Profit Organization Harvesters ☐ Marine Brood Stock Collection E-mail: ☐ Experimental Gear/Underutilized Species Official title of applicant and institution /affiliation: Applicant address: Name(s) of all personnel conducting field activities: Target species and number of each to be collected (if applicable): Make/model/length, registration, and/or documentation number(s) of all vessels and/or vehicles involved in field activities: General description of all field activities: Schedule of all field activities: (For each field activity include the proposed date, the estimated duration of the collection activity per site, the location by GPS or Lat./Long. and attach a map showing the geographical location of collection activities.) Types of gear or equipment to be used during field activities and methods of deployment: Proposed Deposition of collected specimens/samples (if applicable): Signature of applicant: Date: