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| logo for MN DNR | **MINNESOTA DEPARTMENT OF NATURAL RESOURCES**  **PARKS AND TRAILS DIVISION**  **APPLICATION FOR RESEARCH PERMITS & RENEWALS** |

## **INSTRUCTIONS & INFORMATION**

1. Complete the application form.
2. Send the completed application via e-mail to Katie Immel ([Katie.immel@state.mn.us](mailto:Katie.immel@state.mn.us)) or via U.S. Mail.
3. Completed applications will be reviewed by Division resource management staff and park managers. If there

are questions or concerns you will be contacted.

1. Early submission of your completed application is strongly advised. Review and approval/denial of permit applications may take up to 30 days.

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| Send application to: | Katie Immel - Office and Administrative Specialist  Department of Natural Resources - Division of Parks and Trails  500 Lafayette Road  St. Paul, MN 55155-4039  651-259-5600  [katie.immel@state.mn.us](mailto:katie.immel@state.mn.us) |
| If you have questions related to your research application contact: | Tavis Westbrook - Division Resource Management Coordinator  218-302-3255  [tavis.westbrook@state.mn.us](mailto:tavis.westbrook@state.mn.us) |
| **Research Project Title:** | |

**RESEARCH PROJECT PERSONNEL & CONTACT INFORMATION**

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| **Name of Principal Investigator:** | | **Advisor’s Name (if student):** | |
| **Institutional Affiliation:** | | | |
| **Address (Street address, city, state, zip code)**: | | | |
| **Work Telephone:** | **Other Telephone:** | **Fax:** | **E-mail:** |
| **Experience in Research Area:** | | | |
| **Field Crew Members (List Field Supervisor first, if designated)** | | | |
| **Name** | | **Address** | |
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# PROJECT LOCATION - Attach map(s) showing proposed study sites

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| **State Parks and/or State Trails included in the study area:** |
| **Reason for park(s) or trail(s) selected:** |

**RESEARCH PROJECT DESCRIPTION**

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| **Project Objectives (list specific research objectives):** |
| **Field Work Schedule (beginning/ending date & frequency of visits)**: |
| **Design & Methods:** |
| **Discuss Collection and Disposition of Specimens (quantity, taxonomic rank, curation & storage arrangements)**: |
| **Project Impacts (Describe potential impacts such as introduction of monuments, tags, staked transect lines, exotic species & indicate whether park/trail management or visitor use will be affected:** |
| **List Equipment to be Used (Indicate if overnight storage is needed):** |
| **Project Documentation (In addition to sharing your results with MNDNR Parks and Trails Division through annual progress reports and final report, how, when & where will the final results be presented):** |

**ADDITIONAL PERMITS OR LICENSES**

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| **List any additional permits or licenses needed for the activities described above** | **Permit Number** | **Status** |
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| **Signature of Applicant:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |