

National Wildlife Refuge System Research and Monitoring Special Use Application and Permit

Name of Refuge _____

Address _____

Attn: (Refuge Official) _____

Phone # _____ E-mail _____

Application

(To be filled out by applicant. Note: Not all information is required for each use. See instructions at the end of the notice for specific information required.)

1) New Renewal Modification Other _____

Applicant Information

2) Principal investigator: _____

3) Is curriculum vitae or resume attached?

Yes No N/A

4) Address: _____

5) City/State/Zip: _____

6) Phone #: _____ 7) Fax #: _____

8) E-mail: _____

9a) Affiliation/organization: _____

9b) Relationship to affiliation/organization: (professor, staff, student, etc.) _____

10) Assistants/subcontractors/subpermittees: (List full names, addresses and phone #'s and specifically describe services provided if subcontractors are used.)

Project Information

(Depending on the project for which you are requesting a permit, we may ask you for the following project information. Please contact the specific refuge where the project is being conducted to determine what project information is required.)

11) Title: _____

12a) Is full research proposal required? Yes No

12b) Is full research proposal attached? Yes No

13) Describe activity: (Specifically identify timing, frequency, and how the project is expected to proceed.)

14) Location: (Identify specific location; GPS location preferred.)

15a) Is map of location(s) required? Yes No N/A

15b) Is map of location(s) attached? Yes No

16) Project/site occupancy timeline: (Specifically identify beginning and ending dates, site occupation timeline, hours, clean-up and other major events.)

17) Species or habitats being studied:

18) Purpose/hypothesis:

19) Expected benefits of research/monitoring:

20) Briefly describe project history and context of research/monitoring project:

21) Briefly describe project's relationship to other research/monitoring projects either known of or conducted by the applicant:

22) Identify the types of samples to be taken or data to be collected during the proposed project:

23) List other cooperators and institutions involved in the project:

24) Generally identify the anticipated timeline for analysis, write-up and publication:

25) For research involving animals, has an Assurance of Animal Care Form, Institutional Animal Care and Use Committee approval (or equivalent) been completed? Yes No N/A

Is form attached?
 Yes No

Certifications/Permits

26a) Is rat free certification required?

Yes No N/A

Copy of certification provided:

Yes No

26b) Is hull inspection certification required?

Yes No N/A

Copy of certification provided:

Yes No

26c) Is EMT/first aid certification required?

Yes No N/A

Copy of certification provided:

Yes No

26d) Are other certifications required?

Yes No N/A

Copy of certification provided:

Yes No

27a) Are State permits required?

Yes No N/A

Copy of permits provided:

Yes No

27b) Are Federal permits required?

Yes No N/A

Copy of permits provided:

Yes No

27c) Are tribal permits required?

Yes No N/A

Copy of permits provided:

Yes No

27d) Are other permits required?

Yes No N/A

Copy of permits provided:

Yes No

Logistics and Transportation

28a) Does activity require personnel to stay overnight onsite?

Yes No

28b) Personnel involved:

29) Specifically describe all equipment/gear and materials used:

30a) Dates of installation of instrumentation:

30b) Dates of instrumentation removal:

30c) If instrumentation is permanent, describe need:

30d) Instrumentation maintenance schedule:

30e) Data collection schedule:

31) Logistical arrangements for offsite transportation of samples:

32a) Transportation description(s) and license number(s) to access refuge(s): (Provide description of and specific auto license/boat/plane registration number(s).)

32b) Specifically describe ship-to-shore transportation:

32c) Specifically describe intersite transportation:

32d) Specifically describe onsite transportation:

33a) Is fuel cache needed?

Yes No

33b) Specific location(s) of fuel caches: (GPS Coordinates preferred)

34a) Is Safety Plan required?

Yes No

34b) Safety Plan attached:

Yes No

Work and Living Accommodations

35) Specifically describe onsite work and/or living accommodations, including spike camps:

36) Specifically describe on or offsite hazardous material storage or other on or offsite material storage space (including on and offsite fuel caches):

37) Signature of Applicant _____ Date of Application: _____

**Sign, date, and print this form and return it to the refuge for processing.
Do not fill out information below this page.**

PRINT FORM