



ARIZONA GAME AND FISH DEPARTMENT

[PLEASE PRINT OR TYPE]

APPLICATION FOR AQUATIC WILDLIFE STOCKING PERMIT

FEE: None

Name _____ Date of Birth _____ Phone _____

Address _____ City _____ State _____ Zip _____

Department ID Number/SSN: _____ Email _____

(Social Security Number is voluntary – to be used for Sportsman's Database only)

Gender _____ Height _____ Weight _____ Eyes _____ Hair _____

If using wildlife for commercial purposes:

Business Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of water or facility to be stocked _____

Location Address _____ City _____ State _____ Zip _____

Township _____ Range _____ Section _____

Drainage (source to outflow) _____

<u>Aquatic Species</u>	<u>Number</u>	<u>Size</u>
_____	_____	_____
_____	_____	_____

Supplier Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Stocking Date or Dates _____

Attachments: Additional information required under R12-4-410

_____ Current license/proof _____ Diagram of stocking site/facilities

_____ Fish Disease Certification¹ _____ Proposal (if required)

(¹See Disease Certification Stipulations)

APPLICANT SIGNATURE: _____ Date

I certify the above is true and correct, and that my live wildlife privileges are not revoked in this state, any other state, or by the United States.

Approved By _____ Date

FORM 2710-A Revised 07/08

FOR DEPARTMENT USE ONLY	Date Received _____	Region: _____
	Date Reviewer Received _____	_____
	Approved _____	Denied _____
	Valid From: _____	To: _____