Arizona Game and Fish Department
2221 West Greenway Road, Phoenix, Arizona 85023-4399

[PLEASE PRINT OR TYPE]

APPLICATION FOR WHITE AMUR STOCKING AND HOLDING LICENSE

FEE: $250.00

CIRCLE ONE: NEW or RENEWAL

Name _____ Date of Birth _____ Phone _____

Address _____ City _____ State _____ Zip _____

Department ID Number/SSN: _____
(Social Security Number is voluntary-to be used for Sportsman's Database Only)

Gender ____ Height ____ Weight____ Eyes ____ Hair _____

Email Address: _____

RENEWALS

□ If you no longer have white amur, check this box, sign and return this form. By making this claim, Department employees may inspect your closed system to validate the claim of no amur being present.

If you still have amur, complete this form and return with required fee.

NEW AND RENEWALS

CIRCLE ONE: PERSONAL USE or COMMERCIAL USE

If for commercial purposes:

Business Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

If holding at a business location:

Business Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Title of Applicant's Position _____

Stocking location (one application per stocking site; see R12-4-424 C.5 for details):

Location Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Township _____ Range _____ Section _____

Purpose of stocking: Circle appropriate reason

A. Control aquatic weeds that interfere with the use of the water (R12-4-424 C.3.a)
B. Control aquatic weeds that impair water quality (R12-4-424 C.3.b)
C. For sale from a licensed fish farm (R12-4-424 C.3.c)

Amur number	Amur size	Stocking Dates
_____	_____	_____

Supplier #1 Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Supplier #2 Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Attachments: Additional information required under R12-4-424

_____ Detailed diagram of the aquatic stocking system.
_____ Description how the system meets the definition of a "closed aquatic system". (see section A.1)
_____ Description of how the applicant meets the requirements under ARS17-317
_____ US Fish and Wildlife Service triploidy certification received by the Department.

_____

APPLICANT SIGNATURE: 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. Date _____

Approved By _____ Date _____

FORM 2724-A Revised 11/06

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

Print Form