



**Stock Collection and Release\***  
**Special Activity License Application**  
**Florida Fish and Wildlife Conservation Commission**  
**Division of Marine Fisheries Management**  
 620 S. Meridian St., Mail Station 4B3, Tallahassee, Florida 32399-1600  
 Ph: 850-487-0554 • Fax: 850-487-4847

\*Applicants for a Special Activity License (SAL) involving prohibited species may also use this application form, but an application for prohibited species must be separate from an application for non-prohibited species.

Complete all information that is applicable to your license request. If additional space is required other than what is provided on the form, you may provide additional attachments as long as they are clearly marked and identifiable. Documents submitted separately from an application form must be marked (or files named) with the applicant's name and affiliation. Applications will not be evaluated until all requested information, fees, and reporting documentation required by previously held licenses has been submitted.

A "release" is defined as the intentional or unintentional introduction, reintroduction, or relocation of eggs or organisms that have been held in captivity, into waters of the state, including municipal waters.

**A. GENERAL APPLICANT INFORMATION** *(Please Print or Type)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Alt. Phone Number: ( ) \_\_\_\_\_

Email Address\*\*: \_\_\_\_\_

This application is for a(n):      New License       Renewal       Amendment To Existing License

Previous Special Activity License Number: \_\_\_\_\_

Time period requested (may not exceed 12 months): \_\_\_\_\_

**\*\*To provide more timely exchange of information please check this box:**

I authorize the Florida Fish and Wildlife Conservation Commission (FWC) to send me future correspondence regarding this application, including requests for additional information and final agency permitting actions by either e-mail or express delivery. Future agency actions will be provided henceforth by either e-mail or express delivery.

Have you ever been convicted or found guilty, of any criminal or non-criminal violation, regardless of adjudication, or plea entered, of any fisheries or wildlife violation (including a violation of Chapters 370, 372, 379, F.S.; Section 597.004, F.S.; Title 5L-3.004, F.A.C.; rules of the Commission (Title 68, F.A.C.); 50 CFR Parts 622, 635, 640, 648, 654, 660, or 679; similar laws or rules in another jurisdiction)?  YES  NO

If yes, please explain and list the type(s) of violation(s) cited and the county/state where the violation occurred:

Have you ever had a fisheries or wildlife related permit suspended or revoked?  YES  NO

If yes, please explain: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Certification: I hereby swear and affirm by signature that the information submitted in this application and supporting documents is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to criminal penalties. I further state that I will abide by all applicable State, Federal, and local laws. Any false statements or misrepresentations when applying for this license may result in felony charges and will result in revocation of this license. By signing this document, I also agree to comply with the reporting and notification requirements outlined in sections "U" and "V" of this application form.*

**B. ELIGIBILITY.** A Stock Collection and Release SAL may be issued only to the following:

- 1) Any applicant eligible to apply for a Scientific Research SAL as established by 68B-8.006(2), F.A.C.
- 2) An owner, director, or manager of a certified aquaculture facility that holds a valid aquaculture certificate of registration issued pursuant to 597.004, F.S., and 5L-3, F.A.C.

**C. INELIGIBILITY.**

- 1) A SAL will not be issued to a third party contractor.
- 2) A SAL will not be issued to a person and no person may conduct activities under a SAL if, during the 36-month period prior to the application or activity, that person has been charged with a violation of a rule in Titles 68A through E, F.A.C.; Chapters 370, 372 or 379, F.S.; or 50 CFR Parts 622, 635, 640, 648, 654, 660, or 679 unless that person has received a final disposition of acquittal or dismissal of such charged violation.

**D. PROCESSING FEE.** The processing fee for a Stock Collection and Release SAL is \$25.00, and is non-refundable. Checks or money orders should be made payable to “FWC” and must be submitted at the same time as the application form. Purchase orders and credit cards cannot be accepted as payment. Payments submitted separate from an application form (because of electronic submission) must include the payment slip available on the last page of this application form.

**E. SCOPE OF AUTHORITY.** Special Activity Licenses do not authorize activities:

- 1) Outside of state waters (seaward of 3 nautical miles in the Atlantic Ocean and seaward of 9 nautical miles in the Gulf of Mexico).
- 2) Within a state park, unless a Research/Collecting Permit has been obtained from the Florida Department of Environmental Protection, Division of Recreation and Parks in addition to a SAL.
- 3) Within any federal park.
- 4) Within the following areas of the Florida Keys National Marine Sanctuary (FKNMS): Western Sambo and Tortugas North Ecological Reserves; Cheeca Rocks, Eastern Dry Rocks, Hen and Chickens, Newfound Harbor Key, Rock Key, and Sand Key Sanctuary Preservation Areas (SPAs); or Eastern Sambo Research Only Area.
- 5) Within any Manatee Limited Entry Area (No Entry or Motorboat Prohibited Zones – exemptions may be requested on this application form).
- 6) Involving the use of entangling gear within any Manatee Entangling Gear Zone (exemptions may be requested on this application form).

**F. AUTHORIZED PERSONNEL.** List **legal name** and dates of birth for all personnel who are requested for authorization to conduct activities pursuant to this license in alphabetical order by last name. If more than 10 personnel are requested, please provide justification. All authorized personnel must meet the eligibility requirements in 68B-8.003, Florida Administrative Code (F.A.C.).

LEGAL NAME				Date of Birth (mm/dd/yyyy)
First	M.I.	Last		

If requesting more than 10 authorized personnel, please provide justification: \_\_\_\_\_

**G. THIRD PARTY CONTRACTORS.** A third party contractor is an entity that is paid for services rendered to collect or transport marine organisms on behalf of a SAL holder, or paid to provide expertise as an agent or consultant for the collection or transport of marine organisms on behalf of a SAL holder. Salaried staff or faculty, non-salaried volunteers, students, interns, or visiting principle investigators who do not receive monetary compensation for their collection assistance are not third party contractors. A third party contractor may not serve as an agent for a SAL

applicant during the application process.

In order for a third party contractor to conduct activities pursuant to a SAL, the following requirements must be met:

- 1) A third party contractor must be identified as such on the SAL application.
- 2) The SAL applicant must submit with the application a copy of the signed contractual agreement between the third party contractor and the applicant that outlines the services to be rendered. The agreement must denote payment for services rendered during the specific time period requested on the SAL application. Contractual agreements referencing payment schedules for individual marine organisms will not be accepted.

List **legal name**, date of birth, and company name for all third party contractors, and submit a copy of the contract for services with this application form. All third party contractors must meet the eligibility requirements in 68B-8.003, F.A.C.

LEGAL NAME				Date of Birth (mm/dd/yyyy)	Name of Company
First	M.I.	Last			

**H. HATCHERY GENETIC MANAGEMENT PLAN (HGMP).** A separate HGMP must be completed for each species being requested. Complete only the sections or the items within sections that are applicable to your request.

**Section 1. General Program Description**

- 1.1. Indicate name of facility and program.
- 1.2. Identify responsible organization and individuals:
  - 1.2.1. Name (and title): \_\_\_\_\_
  - 1.2.2. Organization: \_\_\_\_\_
  - 1.2.3. Address: \_\_\_\_\_
  - 1.2.4. Telephone: (\_\_\_\_) \_\_\_\_\_
  - 1.2.5. Fax: (\_\_\_\_) \_\_\_\_\_
  - 1.2.6. Email Address: \_\_\_\_\_
  - 1.2.7. List other agencies, collaborators, or organizations involved, and describe their extent of involvement in the program: \_\_\_\_\_
- 1.3. List funding sources and staffing level: \_\_\_\_\_
- 1.4. Identify location(s) of hatchery and associated facilities: \_\_\_\_\_
- 1.5. List the common and scientific names for all species subject to propagation (note: a separate HGMP shall be completed for each species under consideration): \_\_\_\_\_
  - 1.5.1. Specify Endangered Species Act-listing status, if applicable, of each species (available from [www.nmfs.noaa.gov/pr/species/fish/](http://www.nmfs.noaa.gov/pr/species/fish/)): \_\_\_\_\_
- 1.6. Indicate the type of program (e.g., stock enhancement, restoration, put-and-take, mitigation, commercial aquaculture): \_\_\_\_\_
- 1.7. Identify specific performance goals and quantitative success criteria of the program: \_\_\_\_\_
- 1.8. Describe current program performance if the program is ongoing (indicate the source of these data): \_\_\_\_\_
- 1.9. Provide the date release activities started or are expected to start: \_\_\_\_\_

1.10. State the expected duration of program: \_\_\_\_\_  
 \_\_\_\_\_

**Section 2. Relationship of Program to Other Management Objectives**

2.1. Describe the alignment of the program with any management or recovery plan or other regionally accepted policy. Explain any proposed deviations from the plan or policy. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2.2. Identify existing cooperative agreements, memoranda of understanding, memoranda of agreement, mitigation requirements or other management plans or court orders under which program operates.  
 \_\_\_\_\_  
 \_\_\_\_\_

2.3. Describe the relationship of the program to harvest objectives:  
 2.3.1. Identify fisheries that will benefit from the program.  
 \_\_\_\_\_

2.3.2 Provide harvest levels of those fisheries for the last ten years, if available.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3. Facilities**

3.1. Provide detailed descriptions, supplemented with diagrams, of the following:  
 3.1.1. Broodstock holding and spawning facilities. \_\_\_\_\_  
 \_\_\_\_\_

3.1.2. Incubation facilities. \_\_\_\_\_  
 \_\_\_\_\_

3.1.3. Rearing facilities. \_\_\_\_\_  
 \_\_\_\_\_

3.1.4. Acclimation/release facilities, if applicable. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 4. Broodstock and Grow-out Stock Source**

4.1. Provide the common name, scientific name, sex, size, number and life-history stage of broodstock/grow-out stock to be collected, or broodstock/grow-out stock currently on hand. If broodstock or grow-out stock is already on hand, also provide year collected and age.

Common Name	Scientific Name	Broodstock/Grow-out Stock to be collected				Broodstock/Grow-out Stock On-hand		
		Sex (M/F)	Size (in.)	Life-history Stage	Qty. Requested	Qty. in Inventory	Year Collected	Age

*If the species list is extensive, please include this as an addendum to the application form. If submitting this application electronically, MS Excel format is preferred.*

4.2. Provide confirmation that the broodstock/grow-out stock is native to Florida waters.

- 4.3. Provide confirmation that the broodstock/grow-out stock is not transgenic. \_\_\_\_\_
- 4.4. Proposed location(s) for the collection of each individual broodstock/grow-out stock organism or the location(s) where each individual broodstock/grow-out stock organism on hand were collected. Indicate whether your response refers to proposed collections or to locations where organisms currently on hand were collected. The location(s) should be described as follows:
- 4.4.1 Approximate Global Positioning System (GPS) latitude/longitude coordinates for the boundaries of the location. \_\_\_\_\_
- 4.4.2 County/counties and coast encompassed by the location. \_\_\_\_\_
- 4.4.3 For marine/estuarine locations, include the name of estuary or description of coastal region. For freshwater locations, include the name of stream, river, or waterbody. \_\_\_\_\_
- 4.5. Provide supporting information (and indicate source of information) for the validation of natural stock boundaries, including:
- 4.5.1 Accepted geographic boundaries for natural stocks of target species. \_\_\_\_\_
- 4.5.2 Genetic and/or biological information relevant to natural stock structure of the proposed recipient population. \_\_\_\_\_
- 4.5.3 Estimated current adult abundance or spawning stock biomass of each natural stock of the proposed recipient population. \_\_\_\_\_
- 4.5.4 Estimated generation interval (average age of female breeders) for the natural stock. \_\_\_\_\_

**Section 5. Broodstock and Grow-out Stock Collection**

- 5.1. Describe the collection methods and sampling design for broodstock/grow-out stock. Include any justification for gear use if required by section "I" of this application. \_\_\_\_\_
- 5.2. Describe methods to make individual broodstock/grow-out stock identifiable and/or to segregate discrete spawning groups of broodstock/grow-out stock. \_\_\_\_\_
- 5.3. Describe the intended disposition of organisms collected in surplus of broodstock/grow-out stock needs. \_\_\_\_\_
- 5.4. Describe broodstock/grow-out stock transportation and holding methods. \_\_\_\_\_

**Section 6. Mating Procedures**

- 6.1 To address concerns related to propagation-related genetic changes, provide confirmation that no transgenic modifications will be performed to any organism and that no such organism on the premises will be involved in the proposed program. \_\_\_\_\_

- 6.2. Provide confirmation that there will be no attempt at genetic improvement or other intentional trait-specific selection during production. \_\_\_\_\_
- 6.3. Describe the timing of production in comparison to natural production and recruitment. \_\_\_\_\_
- 6.4. Provide a detailed mating scheme, including:
- 6.4.1. If broodstock are not wild, the number of generations they are removed from the wild (F1, F2, etc.). \_\_\_\_\_
- 6.4.2. Description of controlled fertilization procedures (e.g., paired mating, strip-spawning), if applicable. \_\_\_\_\_
- 6.4.3. Description of uncontrolled fertilization procedures (e.g., pond- or tank-spawning), if applicable. \_\_\_\_\_
- 6.5. With supporting information, provide an estimate of variance in family size and effective number of breeders, or provide the following:
- 6.5.1. Minimum number of male and female breeders to be used to produce each progeny group. \_\_\_\_\_
- 6.5.2. Expected number of progeny groups to be released. \_\_\_\_\_
- 6.5.3. Estimated average progeny group size and variance in progeny group size (at the time of release). \_\_\_\_\_

**Section 7. Incubation and Rearing**

- 7.1. Describe incubation procedures, including:
- 7.1.1. Incubation conditions. \_\_\_\_\_
- 7.1.2. Number of eggs taken and survival rates to eye-up and/or ponding, if known. \_\_\_\_\_
- 7.1.3. Causes for, and disposition of surplus eggs, if any. \_\_\_\_\_
- 7.2. Describe your plan for tracking information in 7.1.3 during operation of program. \_\_\_\_\_
- 7.3. Describe rearing procedures, including:
- 7.3.1. Rearing conditions. \_\_\_\_\_
- 7.3.2. Provide expected survival rate data by hatchery life stage (e.g. fry to fingerling; fingerling to advanced size) for the most recent five years, or for years that dependable data are available. \_\_\_\_\_

7.3.3. Indicate expected weekly or monthly growth information, including length, weight, and condition factor data collected during rearing, if available. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.3.4. Expected rates of cannibalism, if applicable. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.4 Describe your plan for tracking information in 7.3.2 – 7.3.4 during operation of program.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 8. Broodstock Release Procedures**

8.1. For programs that involve the reintroduction of broodstock originally harvested from the wild, broodstock must be returned to the original point of collection. Please indicate if the program will involve the reintroduction of broodstock into the wild, and provide confirmation that the broodstock will be released at the original point of collection. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 9. Captive-bred or Captive-reared Organism Release Procedures**

9.1. Indicate proposed numbers and average sizes of organisms to be released for the program, by age class, release year, and natural stock (size data not required for eggs, larvae, and unfed fry).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.2. Provide proposed release location(s). Release location(s) should be described as follows:  
9.2.1. Approximate Global Positioning System (GPS) latitude/longitude coordinates for each release point. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.2.2. County/counties and coast encompassed by the location (if releasing in more than one county, please provide the information requested in 9.1 by each county).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.2.3. For marine/estuarine locations, include the name of estuary or description of coastal region. For freshwater locations, include the name of stream, river, or waterbody.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.3. For any organisms released to date, list actual numbers and average sizes of fish released, by age class,

release year, and natural stock (size data not required for eggs, larvae, and unfed fry).

---



---

9.4. Organisms produced or reared in captivity must be distinguishable from wild organisms so that estimates of project success may be obtained through monitoring. Describe tags or marks applied, if any, and the proportions of the total hatchery cohort marked, to identify released individuals in subsequent captures. The method used to identify released organisms is at the discretion of the SAL holder conducting the release. Potential distinguishing methods include but are not limited to: internal or external mechanical tags, chemical tags, or genetic tags. All costs incurred in the fulfillment of this provision or any other provision of Rule 68B-8.010, F.A.C., will be the responsibility of the SAL holder. \_\_\_\_\_

---



---

9.5. Describe the disposition of captive-bred or captive-reared organisms that may be produced in excess of approved release levels. \_\_\_\_\_

---

9.6. Describe emergency release procedures in response to flooding or other failure that may result in unintended release. \_\_\_\_\_

---



---

**Section 10. Relocation Procedures**

*\*Note – Relocation does not include fragmentation. Fragmentation is considered to be a release of a captive-reared organism.*

10.1. Provide common name, scientific name, life-history stage, numbers, sex, and size of individuals you plan to relocate.

Common Name	Scientific Name	Life-history Stage	# to be Relocated	Sex (M/F)	Size (in.)

10.2. Proposed collection and relocation point(s).

Collection Point(s)			
ID	County	GPS coordinates	Name of Waterbody*
CP1			
CP2			
CP3			
Relocation Point(s)			
ID	County	GPS coordinates	Name of Waterbody*
RP1			
RP2			
RP3			

\* For marine/estuarine locations, include the name of estuary or description of coastal region. For freshwater locations, include the name of stream, river, or waterbody.

10.3. Describe the marking method that will be used to distinguish relocated organisms from wild organisms. Relocated organisms must be distinguishable from wild organisms so that estimates of project success



may be obtained through monitoring. The method used to identify relocated organisms is at the discretion of the SAL holder conducting the release. Potential distinguishing methods include but are not limited to internal or external mechanical tags, chemical tags, or genetic tags. All costs incurred in the fulfillment of this provision or any other provision of Rule 68B-8.010, F.A.C., will be the responsibility of the SAL holder. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 11. Management Plan**

11.1. Provide a description of all precautionary approaches, procedures, and management practices that will be implemented to mitigate each of the following genetic concerns:

11.1.1. Impacts from translocation of non-native organisms.

\_\_\_\_\_

\_\_\_\_\_

11.1.2. Propagation-related genetic changes. Estimate the relative abundance of cultured organisms in the admixed (target) stock following the proposed activity. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11.1.3. Genetic swamping. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11.1.4. Indirect genetic impacts. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 12. Attachments and Literature Citations**

12.1. Please include all supplemental material and literature citations to support statements provided in sections 1-9 above.

**I. HARVESTING GEAR SPECIFICATIONS FOR BROODSTOCK AND GROW OUT STOCK.** Measurements must be stated in standard measurement form, inches, feet, etc. – NOT metric units!

**I. TRAPS** - All traps and buoys must be marked if specified in the SAL.

Trap Type	# of traps	Trap Dimensions			Throat or Entrance	
		Length (in)	Width (in)	Height (in)	Width (in)	Height (in)
<input type="checkbox"/> Baitfish trap						
<input type="checkbox"/> Sea bass trap						
<input type="checkbox"/> Lobster trap						
<input type="checkbox"/> Stone crab trap						
<input type="checkbox"/> Blue crab trap						
<input type="checkbox"/> Shrimp trap						
<input type="checkbox"/> Fish trap*						
<input type="checkbox"/> <b>Other Traps**</b> (list below)						

\*Fish trap tending period: \_\_\_\_\_

Include statement of justification in Section H.5.1. if the tending period will exceed 12 hrs.

\*\*Description of use for "other traps" and targeted species: \_\_\_\_\_

**II. NETS** - Nets must be tended at all times. Please include a statement of justification in section H.5.1. if this requirement cannot be met.

Hand held nets (Includes dip or landing net)

Plankton nets. Provide the number of nets to be used, dimensions of opening diameter and length, and mesh size for each: \_\_\_\_\_

Cast nets, up to 14' stretched length. Stretched length is defined as the distance from the horn at the center of the net with the net gathered and pulled taut, to the lead line.

Drop net: Diameter of opening: \_\_\_\_\_ (ft)      Stretched mesh size: \_\_\_\_\_ (in)

Rectangular Nets:

List Net Type Below	Net Material	Length (ft)	Net Depth (ft)	Stretched Mesh Size (in)	Soak Time
1.					
2.					
3.					
4.					

**III. LONGLINES**. Longlines must be buoyed at both ends and marked, and may not exceed a twelve-hour deployment period. Please include a statement of justification in the section H.5.1. if any of these requirements cannot be met, and provide an alternate suggestion for marking and/or tending requirements.

Bottom longline: Length (ft): \_\_\_\_\_ Number of Hooks: \_\_\_\_\_ Hooks at \_\_\_\_\_ intervals (ft)

Surface longline: Length (ft): \_\_\_\_\_ Number of Hooks: \_\_\_\_\_ Hooks at \_\_\_\_\_ intervals (ft)

**IV. TRAWLS**. Trawls may not be used in hard bottom or grass bed areas and tow times are limited to 20 minutes or less. Please include a statement of justification in section H.5.1. if these requirements cannot be met.

The **perimeter** of a trawl is the measurement around the mouth or entrance of the trawl. For otter and skimmer trawls, it would be the measurement around the mouth including the head rope, foot rope, and wings. The **stretched length** of a trawl is the measurement between the head rope and the end of the bag (stretched, not relaxed) for all trawl types. All measurements are required in order to process any request for the use of this type of gear.

✓ Trawl Type	Perimeter (ft)	Stretched Length (ft)	Stretched mesh size (in)
<input type="checkbox"/> Single Otter	_____	_____	_____
<input type="checkbox"/> Double Otter	_____ (each)	_____ (each)	_____ (each)
<input type="checkbox"/> Skimmer	_____	_____	_____
<input type="checkbox"/> Roller Frame	_____	_____	Beam width (ft): _____
<input type="checkbox"/> Beam	_____	_____	Beam width (ft): _____

Trawls are required to have Turtle Excluder Devices (TEDs) installed. Exemption from state TED requirements may be granted under this license, but federal TED requirements still apply in state waters. We will contact you if it is determined that you will need to obtain a federal letter of TED exemption.

i. State TED exemption requested?  Yes\*       No

- ii. Trawl will be fished at the:       Surface     Bottom
- iii. Will the vessel towing the trawl have a mechanical retrieval device onboard?     Yes       No
- iv. *All otter trawls are required to have Bycatch Reduction Devices (BRDs) installed.*  
BRD exemption requested?     Yes\*       No
- v. *All trawls are prohibited for use in hard bottom or grass bed areas.*  
Exemption requested to use trawl in grass bed areas?     Yes\*       No

\*Include statement of justification in section H.5.1.

**V. OTHER GEAR** (Please check):

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Hook and line                                     | <input type="checkbox"/> Quinaldine       | <input type="checkbox"/> Bottom Grab** | <input type="checkbox"/> Settlement Tiles or Plates** |
| <input type="checkbox"/> Hand Collection                                   | <input type="checkbox"/> Transect Lines** | <input type="checkbox"/> Wood Borer**  | <input type="checkbox"/> Hammer/Chisel**              |
| <input type="checkbox"/> Tongs   | <input type="checkbox"/> Sediment Corer** | <input type="checkbox"/> Quadrats**    |   |
| <input type="checkbox"/> Dredge** (Provide type and specifications): _____ |   |  |   |

Other (provide type, specifications, describe of gear use, and what species/size will be targeted.): \_\_\_\_\_

\*\* In waters of the Florida Keys National Marine Sanctuary (FKNMS), the use of these gear types in addition to any type of gear that may alter the sea floor (cinder blocks, rods, etc.) must be permitted by the FKNMS and cannot be licensed for use by the FWC.

**NOTE TO APPLICANT: THE FOLLOWING SECTIONS “J” THROUGH “O” ARE INFORMATIONAL ONLY, AND DO NOT REQUIRE ANY INFORMATION TO BE SUBMITTED.**

**J. CAPTIVITY REQUIREMENTS.** All marine organisms that are targeted for release (broodstock, captive bred and captive reared) must be maintained according to the following requirements:

- Containment System Preparation - Prior to the introduction of marine organisms that are targeted for release into a containment system, the system must be thoroughly cleaned (including filter change) to prevent the spread of disease. When adding new organisms to a closed containment system, cleaning is not required if the system previously held, or currently holds, organisms originating from the same natural stock (or same county and coast if the natural stock is not known), in Florida. When adding new organisms to a flow-through containment system, cleaning is not required if the system previously held or currently holds organisms originating from the same natural stock (or same county and coast if the natural stock is not known), in Florida where the water is being discharged.
- Containment System Inhabitants – All marine organisms targeted for release must be maintained with species originating from the same natural stock (or same county and coast if the natural stock is not known), in Florida.
- Food Source – Fresh-caught food that is given to all marine organisms held in the same containment system as the organisms targeted for release must originate from Florida and from the same coast where the organisms were harvested. Frozen food or commercially processed dry food such as pellets, flakes, wafers, etc., are acceptable food sources regardless of their origin.
- Treatment Chemicals – Marine organisms targeted for release may not be treated with chemicals such as malachite green, marine ich treatment chemicals, copper sulfate, antibiotics, formalin or anesthetics (MS-222, clove oil, quinaldine, etc), unless use of such chemicals is in compliance with established Food and Drug Administration (FDA) guidelines or are veterinarian-prescribed. This does not include chemicals used to maintain water chemistry (to control pH, ammonia, or nitrite levels) and does not include vitamins or other nutritional supplements. Chemicals that are not approved by the FDA or prescribed by a veterinarian may not be used on any organisms targeted for release. Any organisms treated with veterinarian-prescribed chemicals may not be released until the withdrawal period specified by the veterinarian has expired.

**K. HEALTH EXAMINATION.** Prior to release, all organisms or a representative sample of organisms must be submitted for a health examination. Standards for this examination will be species-specific, developed in conjunction with the applicant and established as a condition of any SAL issued to include release activities. A health examination

may not be required when organisms are requested for released in an early life stage. This determination will be made when the Release Authorization is requested, and will be based upon the health history of the species during culture and health history of the culture facility.

**L. RELEASE AUTHORIZATION.** Stock Collection and Release SAL holders shall coordinate all release activities with the Commission, and obtain written authorization prior to conducting any release. Releases may not be conducted without written authorization from the Commission. Additional information will be requested on the SAL to determine if the release is consistent with SAL authorized activities.

**M. REPORTING REQUIREMENTS.** A Stock Collection and Release SAL holder must submit the following documentation to fulfill reporting requirements:

- 1) Reporting documentation as required by any Release Authorization that may be issued.
- 2) An activity report detailing all SAL-related harvest and release activities. The activity report is a report other than any publications or technical, monitoring, or final reports. The activity report must include common and scientific names of the marine organisms harvested and released (both targeted and incidental), numbers and sizes harvested and released, locations of harvest and release by county, and disposition of all marine organisms harvested. The activity report for a Stock Collection and Release SAL involving prohibited species must also include the specific harvesting gear used. If mortality of a prohibited species occurred during harvest or subsequent possession, the report must indicate the cause of death if known.
- 3) A copy of any publications, technical, monitoring, or final reports that were generated as a result of work conducted pursuant to the SAL. These reports must include the notation that research was conducted pursuant to the specific Commission Special Activity License.
- 4) A post-release genetic monitoring program shall be required if there was insufficient information to determine the genetic impact of activities under the SAL, or if evaluation of the proposed activity determines that the genetic risks have not been minimized.

**N. NOTIFICATION REQUIREMENTS.** All SAL holders must notify the nearest Commission Law Enforcement Dispatch Center not later than 24 hours prior to conducting activities under a SAL. Notification may consist of a float plan detailing locations, dates, and times of activities. Deviations from the float plan are permitted only after 24-hour advance notification to the nearest Commission Law Enforcement Dispatch Center. Float plans are valid for the duration of the SAL unless rescinded by the SAL holder.

**O. LICENSE COPIES.** Please be aware that all authorized personnel or third party contractors must have a copy of the SAL signed by both FWC and the license holder (applicant) in his or her possession while conducting SAL authorized activities.

**P. APPLICATION SUBMISSION.** Applications may be submitted electronically to the Special Activity License Program (email to [SAL@MyFWC.com](mailto:SAL@MyFWC.com)), faxed to (850) 487-4847, or mailed to the following address:

FWC – Special Activity License Program  
620 S. Meridian St., Mailbox 4B3  
Tallahassee, FL 32399-1600

Documents submitted separately from an application form must be marked (or files named) with the applicant's name and affiliation.

**Payments submitted separately from an application form (because of omission or electronic submission) must attach the slip on the next page to the payment in order for it to be processed.**

---

**SPECIAL ACTIVITY LICENSE  
APPLICATION PROCESSING FEE PAYMENT**

The processing fee for a Stock Collection and Release SAL is \$25.00, and is non-refundable. Checks or money orders should be made payable to "FWC" and must be submitted at the same time as the application form. Purchase orders and credit cards cannot be accepted as payment. Payments submitted separate from an application form (because of electronic submission) must include this payment slip to ensure that your payment is credited to your application, and may be mailed to:

FWC – Special Activity License Program  
620 S. Meridian St., Mailbox 4B3  
Tallahassee, FL 32399-1600

Please do not staple your payment to this page.

**Applicant name:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**Check amount:** \$ \_\_\_\_\_ . \_\_\_\_\_ **Check number:** \_\_\_\_\_

**FWC Accounting EO/Object Code 02-002040**