APPLICATION FOR WEST VIRGINIA SCIENTIFIC COLLECTING PERMIT

Name:		
Institution\Affiliation:		
Street:		
City:		Zip:
Telephone:	Email:	
Profession:	Major professor	:
Specific manner of collection		
Purpose for which specimens are to be proposal):	` .	• •
How will specimens be disposed?		
Date on which collecting is to be:	(Commence)	(Terminate)
County(s) & nearest town(s):		
If aquatic, indicate stream(s) and nea	rest town(s):	

Report, publication or thesis that will result from studies and additional comments or information which may be pertinent to issuing this permit:				
Have you received a W	V permit in previous years?	Most recent	year	
	SPECIES TO BE COLLECTE	D OR HANDLED		
<u>S</u> <u>GENUS</u>	CIENTIFIC NAME SPECIES		NUMBER	
Where will vouchered sp	pecimens be deposited?			
Signature		Date		
Send application to:	Scientific Collecting Perm Wildlife Resources P.O. Box 67, 738 Ward F Elkins, WV 26241 barbara.d.sargent@wv.g	Road		

11/2019