



For Office Use Only

Permit Duration: Up to 5 years
Permit Fee: No fee

Fish Stocking Permit Application

For more information about this license visit: www.dec.ny.gov/permits/25026.html

License #: \_\_\_\_\_

Applicant Information

\*Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
Last First M.I. MM DD YYYY

\*Address: Street Address Apartment/Unit City
County State Zip Code

\*Phone: ( ) - Email: \_\_\_\_\_

Owner/Lessee Information (\*Complete this section if water to be stocked is privately owned & contact is different than above)

\*Name: \_\_\_\_\_ \*Phone: ( ) -
Last First M.I.

\*Address: \_\_\_\_\_
Street Address Apartment/Unit City State Zip Code

Stocking Location Information

Waterbody Name: (if applicable) Waterbody Location: Town County

Lake or Pond Characteristics (Complete this section if fish will be stocked into a lake or pond)

Type of lake/pond: [ ] Natural [ ] Artificial/Man-made Surface Area (Acres): If the lake/pond has an outlet, name the nearest water it drains into:

Fish Species

\*Identify the fish species you intend to stock and the source from which you will acquire the fish:

Species: \_\_\_\_\_ Source: \_\_\_\_\_

If applicable, indicate the fish species that currently inhabit the water: \_\_\_\_\_

Required Document(s) (must be submitted with your application)

[ ] Map depicting the location/pond to be licensed (Example maps: topographic, road/highway, etc.)

Application Checklist

(Before sending this application, please verify the following)
[ ] All application fields marked with an asterisk ( \* ) are complete^1
[ ] You signed and dated below

NOTICE: Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Code.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please allow 45 days for DEC to review and process your application. Incomplete or vague applications will be returned and delay the processing of your permit.



**DEC Regions:** Use the map to find the appropriate DEC Regional Fisheries Office to mail your application.

**Region 1**

50 Circle Rd  
Stony Brook, NY 11790  
(631) 444-0280

**Region 2**

47- 40 21st Street  
Long Island, NY 11101  
(718) 482-4922

**Region 3**

21 South Putt Corners Rd.  
New Paltz, NY 12561-1696  
(845) 256-3161

**Region 4**

65561 State Hwy 10, Suite 1  
Stamford, NY 12167-9503  
(607) 652-7366

**Region 5 (multiple offices)**

Route 86, PO Box 296  
Ray Brook, NY 12977-0296  
(518)897-1200

**-OR-**

232 Golf Course Road, PO Box 220  
Warrensburg, NY 12885  
(518) 623-1200

**Region 6**

State Office Building  
317 Washington Street  
Watertown, NY 13601-3787  
(315) 785-2263

**Region 7**

1285 Fisher Avenue  
Cortland, NY 13045-1090  
(607) 753-3095

**Region 8**

Attn: Bait License  
6274 East Avon-Lima Rd.  
Avon, NY 14414-9519  
(585) 226-2466

**Region 9 (multiple offices)**

182 East Union St. Suite 3  
Allegany, NY 14706  
(716)372-0645

**-OR-**

270 Michigan Avenue  
Buffalo, NY 14203-2999  
(716)851-7000