

NOTICE: Use of this form is required by the Department for any application to stock fish filed pursuant to s. 29.736, Wis. Stats., and s. NR 19.05, Wis. Adm. Code. The Department will not consider your application unless you complete and submit this form. NOTE: A DNR customer number, social security number or federal employer identification number is REQUIRED when applying for a license or permit listed in s. 29.024(2g) or 29.024(2r), Wis. Stats. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue to determine liability for delinquent child or family support or Wisconsin taxes. Other personally identifiable information collected on this form will be used for managing the Fish Stocking program and is not likely to be used for other purposes.

Applicant Information

Name	Telephone Number	DNR Customer No.	Social Security or Fed. Employer ID No. OR	
Address	City	State	ZIP Code	
Organization	<input type="checkbox"/> Check this box if the Organization listed is a legal entity, such as legal partnership, LLC, Corporation, etc. If this box is checked, a DNR Customer Number or Social Security Number is NOT required.			

Waterbody Information

Name of Water Where Fish will be Stocked	County	Location: Township Range Section		Lat/Long:
Status (Circle one):	Public - Accessible	Public - Access Controlled by Applicant	Private Artificial Pond	

Fish Stocking Information

Fish Supplier Name	DATCP Fish Farm Registration Number		
Address	City	State	ZIP Code

Species to be Stocked	Age Class	Size (Inches)	No. to be Stocked*	Lbs to be Stocked*	Fish Farm Name	Fish Farm Reg. No.	FHC Signed Date

Number of Stocking Events	Anticipated Date of First Stocking this Year	Anticipated Date of Last Stocking this Year
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These fields need to be filled out if Public - Access Controlled by Applicant was selected:

Non-Standard Minnow Gear If checked please fill out a Non-Standard Minnow Gear permit application

Wild Bait Harvest Permit: Completing the following two fields indicates that information and signature supplied on this application also constitute an application for a Wild Bait Harvest Permit for this water.

I request a bait harvest permit Bait Dealer License Number (DNR Customer Number): _____

Signature

I hereby apply for a Fish Stocking Permit and if indicated above, a Wild Bait Harvest Permit

Applicant Signature	Date Signed
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* Number to be stocked is mandatory for all species except Golden Shiners and Fathead Minnows, in which case Pounds to be Stocked is mandatory

Print this form and complete all fields. Send completed form with a copy of the hatchery's current DATCP Fish Health Certificate (FHC) for each species requested to the appropriate Fish Biologist listed on the following pages.

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