



Florida Department of Environmental Protection

**APPLICATION FOR SCIENTIFIC  
RESEARCH/COLLECTING PERMIT**

Required Signatures: **Adobe Signature**

**Not For Archaeological Research. Contact Division of Historical Resources for a 1A-32 Permit.**

Date of Application: \_\_\_\_\_

Title of Project/Study: \_\_\_\_\_

Keywords (3-5 keywords to quickly identify project subject & scope): \_\_\_\_\_

**Section I. Contact & Background Information**

<b>Applicant/Principal Investigator Name:</b>		
<b>Address:</b>		
<b>Phone:</b>	<b>Email Address:</b>	
<b>Affiliation:</b>	<b>Occupation:</b>	
<b>If student, Major Professor's Name:</b>		
<b>Address:</b>		
<b>Phone:</b>	<b>Email Address:</b>	
<b>Additional investigators to be Authorized under Permit:</b>		
<b>Name</b>	<b>Phone</b>	<b>Email Address</b>

<b>Have you or any of the above-listed investigators above previously had an FPS research/collecting permit?</b>	<b>Yes</b>	<b>No</b>
<b>If Yes, give permit number(s)</b>		
<b>Qualifications:</b> Provide background summary or curriculum vitae for principal and additional investigators. Identify training and qualifications relevant to the proposed project, including previous research projects.		
<b>Are any other state or federal permits required for this activity? If so, please explain.</b>		

**Section II.A. Scientific Research Information:** Please answer all questions. A scientific research proposal may be attached and referenced to provide additional detail for the questions in sections II.A and II.B.

**If known, in the space below please list the names of all State Parks to be included in this permit. If unknown, proceed to next question.**

**If unsure of specific parks to include, select one or more of the boxes below.**

<b>All State Parks</b>	<b>All District 3 Parks (Central)</b>
<b>All District 1 Parks (Northwest)</b>	<b>All District 4 Parks (Southwest)</b>
<b>All District 2 Parks (Northeast)</b>	<b>All District 5 Parks (Southeast)</b>

**Activity Type** (Check all that apply)

Research:

<input type="checkbox"/>	Monitoring or inventory that does not include handling or collection of specimens / natural objects
<input type="checkbox"/>	Temporary capture and handling/marketing specimens and release in place undamaged

Collection:

<input type="checkbox"/>	Natural objects/specimens will be collected and vouchered at a museum or scientific institution
<input type="checkbox"/>	Natural objects/specimens will be collected and destroyed through analysis or discarded after analysis

Other

<input type="checkbox"/>	Explain:
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<b>Project Start Date:</b>	<b>Project End Date:</b>
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**Objectives of the Study:** (Where appropriate the objectives should be stated as a specific hypothesis to be tested)

**Describe the return benefits this project will provide to the Florida Park Service:**

**Describe the importance or contributions this project has to conservation/science:**

**Scientific Method and/or Procedures** (describe each in detail where applicable)

**1. Proposed Study design:**

**2. Methods:**

**3. Equipment to be used:**

**4. Number of sites or location in EACH PARK:**

**5. Safety or procedural protocols:**

**6. Describe the analytical techniques/data analysis that will take place as a part of this study:**

## **II.B. SCIENTIFIC COLLECTING INFORMATION**

Complete this section if project will include handling or collection of specimens or natural objects)

**Describe why handling or collecting of specimens is necessary in lieu of field observation or photography:**

**Description of species or samples to be collected** (describe each in detail)

**1. Taxonomic name or group, if applicable:**

**2. Number of specimens or samples for each species or natural object, per PARK:**

**3. Frequency of sampling in each park during the permit period:**

**4. Percent of each park's overall population to be sampled:**

**5. Size / volume of each specimen or sample:**

**6. Other parameters that will provide information for review purposes:**

**7. For collection involving the potential for non-target lethal by-catch or negative impacts to fauna or flora, please describe methodologies and considerations for limiting the negative consequences related to impacting non target-species:**

**Please complete for each institution that will receive and permanently retain specimens or samples:**

Institution Name and Address: \_\_\_\_\_

Responsible Official Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address or Website: \_\_\_\_\_

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Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address or Website: \_\_\_\_\_

Above Organization(s) has agreed that all collected specimens described in section IIB will be deposited and maintained as outlined in the *General Guidelines and Standard Conditions For Scientific Research and Collection Permits (condition # 32)*                      Yes                      No

If No, Explain:	
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### **III. PRODUCTS AND DELIVERABLES**

Describe the expected publications, reports, and materials. Include information regarding whether or not GPS coordinates, GIS maps/shapefiles, voucher numbers, photos, models, raw data, etc. will be generated as part of this study and list which ones will be made available as part of the required final report for this permit. Be specific and thorough.

Place a check in each box below: I have read and agree to abide by the

Florida Park Service “Application Guidelines and Requirements For Scientific Research And Collecting Permits”

Florida Park Service “Standard Conditions for Scientific Research and Collecting”

Return application to appropriate FPS Permit Coordinator. Contact information may be found at our website, <http://www.floridastateparks.org/things toknow/research.cfm>.