



Nonprofit Corporation SAL Application
Florida Fish and Wildlife Conservation Commission
Division of Marine Fisheries Management

620 S. Meridian St., Mail Station 4B3, Tallahassee, Florida 32399-1600
(850) 487-0554

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. GENERAL APPLICANT INFORMATION (Please Print or Type)

Applicant Name: Date of Birth: (mm/dd/year)

Name of Corporation:

Mailing Address:

City: State: Zip:

Phone Number (include area code): Fax:

Alt. Phone Number:

Email Address\*:

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

Previous Special Activity License Number:

Saltwater Products License Number(s):

Wholesale Dealer License Number(s):

Retail Dealer License Number(s):

Time period requested (may not exceed 36 months):

List all endorsements applicable to requested activity:

\*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:

[Empty box for violation explanation]

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

If yes, please explain:

[Empty box for license suspension explanation]

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.



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

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**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, Florida Administrative Code (F.A.C.).

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

**H. LOCATION(S) OF ACTIVITIES.** List all counties where requested activities will occur. If activities are to be conducted within any state park, specify the park name(s) below.

County	Include state park name (if applicable)

**I. SPECIES TO BE PERMANENTLY RETAINED.**

SPECIES SPECIFIC HARVEST: Do not group species together by genus, family, class, etc., and do not use metric units. Quantities should reflect the total number of each species to be retained each year.

Common Name	Scientific Name	Size at Collection (in)	Totally Qty. Per Year

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

**J. GEAR SPECIFICATIONS.** Measurements must be stated in standard units (i.e., inches, feet, etc.).

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

Trap Type	# of traps	Trap Dimensions			Throat or Entrance	
		Length (in)	Width (in)	Height (in)	Width (in)	Height (in)
Baitfish trap						
Sea bass trap						
Lobster trap						
Stone crab trap						
Blue crab trap						
Shrimp trap						
Fish trap^						
Other Traps^^ (list below)						

\*\*Fish trap tending period: \_\_\_\_\_  
 Attach a statement of justification identified for Section J.I. if the tending period exceeds 12 hrs.

^Description of use for "other traps" including targeted species by trap type:  
 \_\_\_\_\_

**II. NETS** - Nets must be tended at all times. Attach a statement of justification identified for Section J.II. 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)



Dredge\*\* (Provide type and specifications):

Other (provide type, specifications, description 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 only by the FWC.

**K. REPORTING REQUIREMENTS.**

A Nonprofit Corporation SAL holder must submit the following documentation during the 12th month, 24th month, and within 30 days of expiration of the SAL or during the renewal application process if the SAL is requested for renewal:

1. An activity report documenting the harvest of all specifically named marine organisms authorized for harvest pursuant to a Nonprofit Corporation SAL, and of all marine organisms not reported via the Marine Fisheries Trip Ticket (MFTT) system, by the marine organism’s common name and scientific classification, amount harvested, and, if sold, the entity to whom sold.
2. Marine Fisheries Trip Tickets (through the MFTT system), except that a marine organism must not be reported via a trip ticket if one or more of the following apply:
  - a. The marine organism is specifically named in the Nonprofit Corporation SAL.
  - b. The marine organism has no species code in the MFTT system.
  - c. The marine organism is subject to a seasonal restriction on its commercial harvest and sale.
  - d. The commercial licensing requirements for the marine organism have not been met.

A SAL will not be issued or renewed unless all conditions of a prior SAL held by the applicant were met, and the reporting requirements for the prior SAL were properly and timely submitted.

**L. NOTIFICATION REQUIREMENTS.** All SAL holders must notify the nearest FWC Law Enforcement regional Communication 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 FWC Law Enforcement Regional Communication Center. Float plans are valid for the duration of the SAL unless rescinded by the SAL holder.

**M. 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.

**N. 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 Nonprofit Corporation 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 or 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. Please mail your payment 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**