



Scientific Research 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 this 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 and reporting documentation required by previously held licenses have been submitted.

Applications for prohibited species must be separate from an application for non-prohibited species.

A. GENERAL APPLICANT INFORMATION *(Please Print or Type)*

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

Affiliation: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Country _____ **Phone Number** _____

Fax: _____ **Alt. Phone Number** _____

Email Address*: _____

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

Previous Special Activity License Number: _____

Time period requested *(may not exceed 60 months for general scientific research activities or 12 months for scientific research activities involving prohibited species):* _____

***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 received a disposition other than acquittal or dismissal of any provisions of chapters 369, 379, or 828, Florida Statutes, or rules of the Commission, or other similar rules or laws in Florida or any other jurisdiction that relate to the subject matter of the authorization sought by this application? **YES** **NO**

If yes, please explain and list the type(s) of violation(s) cited and the county/state where the violation occurred:

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

If yes, please explain:

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.

B. ELIGIBILITY. A Scientific Research SAL may be issued only to the following:

- 1. A principal investigator of a proposed or ongoing scientific research project who is on the faculty or is a student of a college, community college, university, or secondary school.
- 2. A principal investigator of a proposed or ongoing scientific research project who is affiliated with a marine research institute, laboratory, corporation, or organization.
- 3. A member of the scientific or technical staff of a city, county, state or federal agency.
- 4. A member of the scientific or technical staff of a certified aquaculture facility.

C. INELIGIBILITY.

- 1. An SAL will not be issued to a third-party contractor.
- 2. An SAL will not be issued to a person and no person may conduct activities under an SAL if such person has received a disposition other than acquittal or dismissal of any provisions of chapters 369, 379, or 828, Florida Statutes, or rules of the Commission, or other similar rules or laws in Florida or any other jurisdiction that relate to the subject matter of the authorization sought by this application.

D. PROCESSING FEE. The processing fee for a a Scientific Research 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 and credit cards cannot be accepted as payment. Payments submitted separate from an application form (because of electronic submission) must include the payment slip available on the last page of this application form.

E. LOCATION(S) OF ACTIVITIES. List all counties where requested activities will occur.

County	County	County

Will activities be conducted in any Florida state parks? If yes, identify all parks where activities will occur.

F. AUTHORIZED PERSONNEL. List **legal name and dates of birth** for all personnel who are requested for authorization to conduct activities pursuant to this license in alphabetical order by last name.

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

If the list of requested personnel is extensive, include as an addendum to the application form in MS Excel format.

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 an SAL holder, or paid to provide expertise as an agent or consultant for the relocation of marine organisms on behalf of an SAL holder. Salaried staff or faculty, or non-salaried volunteers, students, interns, or visiting principal investigators who do not receive monetary compensation for their assistance with SAL-authorized activities are not third-party contractors. A third-party contractor may not serve as an agent on behalf of an SAL applicant during the application process.

In order for a third-party contractor to conduct activities pursuant to an 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.

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

H. PROJECT TITLE(S):

I. HYPOTHESIS(ES) TO BE TESTED:

J. SOURCE OF FINANCIAL SUPPORT. Provide contract number, performance period, and name of sponsoring agency, if applicable.

K. PROJECT SUMMARY. (2-3 Sentences)

L. PROJECT ABSTRACT. Include objectives, methods, monitoring strategies, project designs to minimize the mortality of targeted or bycatch species and explanation of species non-specific harvest as required by section “P.I.” (if applicable).

M. OTHER AGENCY PERMITS. Identify all permits required from other state or federal agencies for the proposed project. Indicate the date the permit was acquired and submit copies of such permits with this application form.

N. THIS SECTION REQUIRED FOR PROJECTS THAT INVOLVE PROHIBITED SPECIES ONLY.

I. Why is the collection of prohibited species from Florida waters or adjacent federal waters the only option for successful completion of the research project?

II. Provide the credentials of the principal investigator, including publications and professional accomplishments.

III. Provide a disposition plan for any prohibited species to be permanently retained.

O. SPECIES TO BE TEMPORARILY POSSESSED. Complete this section if the marine organisms collected pursuant to this license will NOT be permanently retained.

Marine organisms will be temporarily possessed in order to conduct the following activities:

IdentificationMeasuringWeighingCataloguingPhotographingTagging

Other:

Will the specimens be returned to the water immediately after collection? Yes No**

**If not, specify the period of time that specimens will be retained prior to release: _____

Please be aware that all organisms that are maintained in captivity must be maintained and released in accordance with the “Florida Fish and Wildlife Conservation Commission Policy on the Release of Marine Organisms.” A copy of this policy is available at [MyFWC.com/license/saltwater/special-activity-licenses](https://myfwc.com/license/saltwater/special-activity-licenses).

For species-specific activities that involve temporary possession only, list the target species (do not complete this table if your activities are not species-specific):

Common Name	Scientific Name

P. SPECIES TO BE PERMANENTLY RETAINED.

I. Species Non-Specific Harvest: If your collection needs are not species-specific, provide the following information:

- i. Total numbers/amounts required for the duration of the license: _____
- ii. Description of the targeted species as specific as possible (such as invertebrates, finfish, gamefish, non-prohibited, etc.): _____
- iii. Specify if organisms will be collected in conjunction with another activity (such as invertebrates collected in sediment cores): _____
- iv. How will the organisms be utilized?

v. Any other descriptive information that will aid in the understanding of the activity requested and what the extent of harvest will be:

II. Species-specific Harvest: Complete this section if your collections are species-specific. Do not use metric units. Quantities should reflect the total number of organisms to be retained for the duration of the license period.

Common Name	Scientific Name	Size at Collection (in)	Total Quantity

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

Q. MANATEE ZONE EXEMPTION REQUESTS.

Entangling gear is line or net gear that is not allowed for recreational or commercial harvest in Florida such as longlines, block or drum lines, gill nets, oversized seines or trawls, trammel nets, pound nets, etc. Provide justification as to why operating in a motorboat prohibited zone under power; conducting research activities in no entry zones; or using entangling gear in entangling gear zones, is necessary for the success or completion of the research project. Descriptions of these zones are on: [MyFWC.com/license/saltwater/special-activity-licenses](https://myfwc.com/license/saltwater/special-activity-licenses).

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

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 R.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 R.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)

Rectangular Nets: Nets may not be wholly or partially constructed of monofilament or multi-strand monofilament, may not exceed 500 square feet of mesh area, and may not exceed a mesh size greater than 2 inches stretched mesh. Nets must be tended at all times, and no more than two nets may be fished from a vessel at one time. Attach a statement of justification identified for Section R.II. if these requirements cannot be met.

List Net Type Below		Net Material	Length (ft)	Net Depth (ft)	Stretched Mesh Size (in)	Soak Time
1.						
2.						
3.						
4.						

III. LONGLINES. Longlines must be buoyed at both ends and marked and may not exceed a twelve-hour deployment period. Attach a statement of justification identified for Section R.III. if these requirements cannot be met, provide an alternate suggestion for marking and/or tending requirements.

Longline Type	Length	Number of Hooks	Hooks at intervals (ft)
Bottom longline			
Surface longline			

IV. TRAWLS. Trawls may not be used in hard bottom or grass bed areas and tow times are limited to 20 minutes or less. No person shall use in nearshore and inshore Florida Waters any trawl with a net or bag containing more than 500 square feet of mesh area. Include a statement of justification identified for Section R.IV. if these requirements cannot be met.

The perimeter of a trawl is the measurement around the mouth or entrance of the trawl measured as a continuous line from point to point along the line or frame forming the leading edge of the net. The **stretched length** of a trawl is the measurement between the head rope and the end of the bag (stretched, not relaxed) for all trawl types. All measurements are required to process any request for the use of this type of gear.

Trawl Type	Perimeter (ft)	Stretched Length (ft)	Stretched mesh size (in)	Beam width (ft)
Single Otter				
Double Otter (each)				
Skimmer				
Roller Frame				
Beam				

Trawls are required to have Turtle Excluder Devices (TEDs) installed. Exemption from state TED requirements may be granted under this license, but federal TED requirements still apply in state waters. We will contact you if it is determined that you will need to obtain a federal letter of TED exemption.

- i. State TED exemption requested? Yes[†] No
- ii. Trawl will be fished at the: Surface Bottom
- iii. Will the vessel towing the trawl have a mechanical retrieval device onboard? Yes No
- iv. *All otter trawls are required to have Bycatch Reduction Devices (BRDs) installed.*
BRD exemption requested? Yes[†] No
- v. *Trawls may not be used in hard bottom or grass bed areas.*
Exemption requested to use trawl in grass bed areas? Yes[†] No

[†]Include a statement of justification identified for Section R.IV.

V. OTHER GEAR (Please check):

Hook and Line	Quinaldine	Bottom Grab ^{††}	Settlement Tiles or Plates ^{††}
Hand Collection	Transect Lines ^{††}	Wood Borer ^{††}	Hammer/Chisel ^{††}
Tongs	Sediment Corer ^{††}	Quadrats ^{††}	

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.

Note to applicant: Sections “S” through “U” are informational only.

S. REPORTING REQUIREMENTS. SAL holders are required to report information regarding SAL-authorized activities either according to a schedule identified in the license, or upon license expiration. It is the responsibility of the license holder to ensure reporting requirements are submitted on time, regardless of who conducts the SAL-authorized activities.

T. NOTIFICATION REQUIREMENTS. A license holder must provide notice to the Commission’s Division of Law Enforcement of their intent to conduct activities authorized by an SAL no less than 24 hours prior to conducting such activities. The content and submission of such notice shall be made in the manner prescribed on the license holder’s SAL.

U. LICENSE COPIES. All authorized personnel must have a copy of the SAL signed by both FWC and the license holder (applicant) in their possession while conducting SAL-authorized activities.

V. APPLICATION SUBMISSION. Applications must be submitted electronically to the Special Activity License Program via email to SAL@MyFWC.com. If electronic application submission is not possible, applications may be mailed to the following address:

FWC – Special Activity License Program
620 S. Meridian St., Mailbox 4B3
Tallahassee, FL 32399-1600

Documents submitted with an application form or 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 electronic application submission) must attached the payment slip on the next page to ensure the payment is processed and credited to your application.

**SPECIAL ACTIVITY LICENSE
APPLICATION PROCESSING FEE PAYMENT**

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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