



**Snook 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)*

**Name:** \_\_\_\_\_ **Date of Birth:** *(mm/dd/year)* \_\_\_\_\_

**Affiliation/Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**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 12 months; license will not be valid without current aquaculture certification):* \_\_\_\_\_

**\*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.**

1. A Snook SAL for the harvest of broodstock and production, possession, transport, transfer or sale of the broodstock progeny may be issued only to an owner, director, or manager of a certified aquaculture facility that does not directly discharge production unit water to surface waters of the state.
2. A Snook SAL for the receipt, purchase and possession of broodstock progeny may be issued only to the following:
  - a. An owner, director, or manager of a certified aquaculture facility that does not directly discharge production unit water to surface waters of the state, is located in Florida, and is located in the region of the state where the supplier's broodstock originated.
  - b. An owner of a private pond located in Florida and in the region of the state where the supplier's broodstock originated. The private pond must have no connection to surface waters of the state and the lowest point of the top edge of its levee, dike, or bank must be at least one foot above the 100-year flood plain by reference to elevation maps issued by the National Flood Insurance Program of the Federal Emergency Management Agency.
  - c. An owner, director, or manager of a fully contained facility located in Florida and in the region of the state where the supplier's broodstock originated. Such facility must be open to the public and conduct activities for exhibitional purposes.

## **C. INELIGIBILITY.**

1. A SAL will not be issued for an activity that is allowed under recreational saltwater fishing regulations.
2. A SAL will not be issued to a third party contractor.
3. A SAL will not be issued to a person and no person may conduct activities under a SAL if, during the 36-month period prior to the application or activity, that person has been charged with a violation of a rule in Titles 68A through E, F.A.C.; Chapters 370, 372 or 379, F.S.; or 50 CFR Parts 622, 635, 640, 648, 654, 660, or 679 unless that person has received a final disposition of acquittal or dismissal of such charged violation.

**D. PROCESSING FEE.** The processing fee for a Snook 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. SCOPE OF AUTHORITY.** Special Activity Licenses do not authorize activities:

1. Outside of state waters (seaward of 3 nautical miles in the Atlantic Ocean and seaward of 9 nautical miles in the Gulf of Mexico).
2. Within a state park, unless a Research/Collecting Permit has been obtained from the Florida Department of Environmental Protection, Division of Recreation and Parks in addition to a SAL.
3. Within any federal park.
4. Within the following areas of the Florida Keys National Marine Sanctuary (FKNMS): Western Sambo and Tortugas North Ecological Reserves; Cheeca Rocks, Eastern Dry Rocks, Hen and Chickens, Newfound Harbor Key, Rock Key, and Sand Key Sanctuary Preservation Areas (SPAs); or Eastern Sambo Research Only Area.
5. Within any Manatee Limited Entry Area (No Entry or Motorboat Prohibited Zones – exemptions may be requested on this application form).



**I. HARVEST OF SNOOK BROODSTOCK, AND PRODUCTION, POSSESSION, TRANSPORT, TRANSFER OR SALE OF SNOOK BROODSTOCK PROGENY.** This section is only required for an applicant whose activities involve the harvest of snook broodstock, and production, possession, transport, transfer or sale of snook broodstock progeny. If you are the owner of a private pond and only purchasing or receiving broodstock progeny for stocking purposes, skip this section and answer the questions in section "J".

I. How many total male and female snook (*Centropomus spp.*) are you requesting for harvest?

Common Name	Scientific Name	Sex (M/F)	#

II. Provide the area of broodstock collection by county, coast, and waterbody (if collecting in more than one county, please provide numbers of snook to be collected and their sex by each county, coast, and waterbody).

COLLECTION LOCATION			SNOOK TO BE COLLECTED		
County	Coast	Watershed	# Male	# Female	Total #

III. At what time of the year do you anticipate harvesting the snook broodstock? (Provide month(s))

IV. Provide a detailed description of the spawning strategy you intend to employ for spawning snook.

V. Provide your broodstock disposition plan

VI. What training and experience do you have in regard to successfully engaging in snook aquaculture?

VII. Provide justification for gear types requested in section "K" (if required).

**J. RECEIPT, PURCHASE OR POSSESSION OF SNOOK BROODSTOCK PROGENY FROM A CERTIFIED AQUACULTURE FACILITY FOR PURPOSES OF STOCKING A PRIVATE POND.** This section only required for an applicant who is purchasing or receiving snook broodstock and will not harvest snook broodstock from the wild.

I. Provide the name and address of the certified aquaculture facility from which you plan to receive or purchase aquacultured snook to stock your private pond.

II. Is your private pond located in Florida?            Yes                            No

III. In what county is your private pond located? \_\_\_\_\_

IV. Is the private pond at least one foot above the 100-year flood plain by reference to elevation maps issued by the National Flood Insurance Program of the Federal Emergency Management Agency?  
    Yes                            No

**K. 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						
<b>Other Traps^ (list below)</b>						

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

**II. NETS** - Nets must be tended at all times. Please include a statement of justification in Section I.VII 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:** (seines, etc.)

All nets must be tended and must meet the following specifications:

1. Nets may not be wholly or partially constructed of monofilament or multistrand monofilament. Braided or twisted nylon, cotton, linen twine, or polypropylene twine are acceptable.
2. Nets may not exceed 500 square feet of mesh area.
3. Nets may not exceed 2" stretched mesh size.



2. Documentation of each transfer or sale of progeny; a snook SAL holder must provide transfer documentation, a bill of sale or other documentary evidence to each receiver or purchaser of broodstock progeny, and must maintain a record of each transaction. The transfer documentation, bill of sale or other documentary evidence must include the name, address, and aquaculture certificate number of the certified aquaculture facility conducting the transaction, the name and address of the entity receiving or purchasing the broodstock progeny, the transaction date, the quantity of progeny transferred or purchased, the receiver's Snook SAL number, and the exact location where the progeny are being stocked or maintained

**M. 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.

**N. 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.

**O. 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.**

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**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**