Aquaculture Broodstock Collection
Special Activity License Application

Florida Fish and Wildlife Conservation Commission
Division of Marine Fisheries Management
620 S. Meridian St., Mail Station 4B3, Tallahassee, Florida 32399-1600
Ph: 850-487-0554 • Fax: 850-487-4847

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

If you may potentially at any time in the future intend to release surplus commercial or research progeny, you must obtain a Stock Collection and Release SAL prior to any release. In general, organisms reared for research purposes or commercially for sale as food or display are not fit for release.

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

Name: _____ **Date of Birth:** _____ / _____ / _____

Affiliation: _____

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 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:

_____

_____

Have you ever had a fisheries or wildlife related 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. By signing this document, I also agree to comply with the reporting and notification requirements outlined in sections "P" and "Q" of this application form.

B. ELIGIBLE APPLICANTS: An Aquaculture Broodstock Collection SAL may be issued only to the following:

1) Any applicant eligible to apply for a Scientific Research SAL as established by 68B-8.006(2), F.A.C.
2) An owner, director, or manager of a certified aquaculture facility located in Florida that holds a valid aquaculture certificate of registration issued pursuant to Section 597.004, F.S., and Chapter 5L-3, F.A.C.

C. INELIGIBILITY.

1) A SAL will not be issued to a third party contractor.
2) 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.; Chapter 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. SCOPE OF AUTHORITY. Special Activity Licenses do not authorize activities:

1) In federal waters, unless FWC regulations are extended into federal waters by FWC rule.
2) Within any state park, unless a state park permit has also been obtained from the Florida Department of Environmental Protection, Division of Recreation and Parks.
3) Within any federal park, unless a federal park permit has also been obtained from the National Park Service.
4) Within the following zoned areas of the Florida Keys National Marine Sanctuary (FKNMS), unless a sanctuary permit has also been obtained from the FKNMS: Ecological Reserves, Existing Management Areas, Sanctuary Preservation Areas, and Special Use Areas (including Research Only areas).

E. FACILITY CERTIFICATION. Submit a copy of your facility's valid aquaculture certificate of registration with this application. An Aquaculture Broodstock Collection SAL will only be valid if the license holder maintains a valid aquaculture certificate of registration during the valid license period.

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

County	**State park name (if applicable)**

G. AUTHORIZED PERSONNEL. List **legal names** 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. All authorized personnel 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)

<u>If requested personnel list is extensive, please include this as an addendum to the application form in MS Excel format.</u>

H. 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 relocation 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 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 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 names**, dates 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 Section B.

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

I. OPERATIONAL ASSESSMENT. Provide a written assessment on the economic impact and cost effectiveness of the proposed aquaculture of the target species.

_____
_____
_____
_____

J. APPLICANT EXPERIENCE. Provide information indicating the training and experience of the applicant to successfully engage in aquaculture activities.

_____
_____
_____
_____
_____

K. 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:

☐ Identification ☐ Measuring ☐ Weighing ☐ Cataloguing ☐ Photographing ☐ Tagging
☐ Strip spawning* ☐ Other: _____

_____

*For strip spawning activities, please provide details in section N, Spawning Strategy.

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 upon request.

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

Common Name	**Scientific Name**

L. BROODSTOCK HARVEST.
Provide the common name, scientific name, sex, and size of the broodstock to be collected, the area of collection by county and coast (if collecting in more than one county, please provide numbers of organisms and their sex by each county). Quantities should reflect the total number of broodstock to be retained per license period.

County of Collection	Common Name	Scientific Name	Size at Collection (inches)	Sex (M/F)	Quantity

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

M. SPAWNING STRATEGY. Summarize your spawning strategy for each species requested for harvest.

_____
_____
_____
_____
_____

N. BROODSTOCK HARVESTING 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 N. I. if the tending period will exceed 12 hrs.

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

_____
_____

II. NETS - Nets must be tended at all times. Please attach a statement of justification identified for Section N. 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:

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. Please attach a statement of justification identified for Section N. III. if any of these requirements cannot be met, and provide an alternate suggestion for marking and/or tending requirements.

☐ Bottom longline: Length (ft): _____ Number of Hooks: _____ Hooks at _____ intervals (ft)
☐ Surface longline: Length (ft): _____ Number of Hooks: _____ Hooks at _____ intervals (ft)

IV. TRAWLS. Trawls may not be used in hard bottom or grass bed areas and tow times are limited to 20 minutes or less. Please include a statement of justification identified for Section N. IV. if these requirements cannot be met.

The **perimeter** of a trawl is the measurement around the mouth or entrance of the trawl. For otter and skimmer trawls, it would be the measurement around the mouth including the head rope, foot rope, and wings. 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 in order to process any request for the use of this type of gear.

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

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. *All trawls are prohibited for use in hard bottom or grass bed areas.*
Exemption requested to use trawl in grass bed areas? ☐ Yes* ☐ No

* Please include a statement of justification identified for Section N. 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, describe 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: THE FOLLOWING SECTIONS "O" THROUGH "R" ARE INFORMATIONAL ONLY AND DO NOT REQUIRE ANY INFORMATION TO BE SUBMITTED.

O. REPORTING REQUIREMENTS. Please be aware that SAL holders are expected 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.

P. 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.

Q. 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.

R. APPLICATION SUBMISSION. There is no application fee. 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.