



Education-Exhibition*
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

*Applicants for a Special Activity License (SAL) involving prohibited species may also use this application form, but an application for prohibited species must be separate from an application for non-prohibited species. An Education/Exhibition SAL for the collection of prohibited species may only be applied for during the following application windows annually: April 1 through April 30; October 1 through October 31.

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.

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

Name: _____ **Date of Birth:** _____ / _____ / _____
Affiliation: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip/Postal Code:** _____
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 12 months): _____

****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, Florida Administrative Code); 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 "Q" and "R" of this application form.

B. ELIGIBILITY. An Education/Exhibition SAL may be issued only to the following:

- 1) An instructor employed by, or under the sponsorship of, a university, college, secondary school, or governmental entity or a private institution or organization that has an established marine or environmental education curriculum.
- 2) A curator or director employed by or under sponsorship of a public or private aquarium, museum, university, or business establishment that displays marine organisms for viewing by the public and whose activities have a marine-related component.

C. INELIGIBILITY.

- 1) The FWC may deny an application for an Education/Exhibition SAL by an applicant who can reasonably be expected to qualify for a FMSEA Certification. Such person must pursue FMSEA Certification.
- 2) A SAL will not be issued for an activity that is allowed under recreational saltwater fishing regulations.
- 3) A SAL will not be issued to a third party contractor.
- 4) 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. 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). For activities involving prohibited species, specify GPS coordinates (decimal degree format) and an area description.

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

If requested personnel list is extensive, please include this 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 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 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				Date of Birth (mm/dd/yyyy)	Name of Company
First	M.I.	Last			

H. OBJECTIVE AND FACILITY DESCRIPTION.

I. Please provide information on the conservation and educational benefits of displays designed to educate the public about the marine organisms requested for harvest and display.

II. Please provide a current facility inventory of all of the species that are requested for collection (e.g., if you are requesting to harvest pompano, please specify how many pompano are currently in the facility’s inventory).

III. For applicants requesting prohibited species; please provide the origin, date obtained, and an explanation of how each specimen was obtained for each prohibited species currently in inventory. Include prior permit numbers or information under what authority each prohibited specimen was obtained.

IV. Please provide a description of the holding or display tanks that will house the species requested for harvest. The description must include themes, and dimensions (shape, length, width, depth, and gallon capacity).

I. THIS SECTION REQUIRED FOR APPLICANTS REQUESTING TO CONDUCT EDUCATIONAL ACTIVITIES. *Requests for exhibition activities or prohibited species do not need to fill out this section.*

I. Please provide information on the educational program curriculum.

II. Please provide information on the qualifications of the educators requesting to conduct activities pursuant to this SAL.

J. COLLECTION SUMMARY. Include a description of collection methods, collection strategies that will minimize the mortality of targeted or bycatch species and explanation of species non-specific harvest as requested by section “N” (if applicable).

K. 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 in conjunction with this application form.

L. THIS SECTION REQUIRED FOR LICENSE REQUESTS THAT INVOLVE PROHIBITED SPECIES ONLY.

I. Is the facility accredited through the Association of Zoos and Aquariums, Marine Aquarium Council, or any other such aquarium accreditation organization?

II. Please provide information on any captive-breeding, husbandry, or research programs that the facility may have or is involved with.

III. Please provide information on any financial or material support that the facility may provide for prohibited species research.

IV. Please provide information on any hosted conferences, workshops, or symposia that the facility may have hosted or sponsored within the last 12 months for prohibited species husbandry, conservation, or management.

V. Please provide information on the educational program curriculum as it pertains to the prohibited species requested for collection.

VI. Please provide information on the educational media or programs accompanying the displays for prohibited species, as well as the conservation message relating to the prohibited species.

VII. Please provide information on the qualifications of the educators requesting to conduct activities pursuant to this SAL.

VIII. Please provide information on how the acquisition of the prohibited species requested complies with any facility collecting or acquisition plan or policy, and any disposition or de-accession plan or policy.

IX. List all other species that will be housed in the holding or display tank with the prohibited species requested for harvest.

X. Why is the collection of prohibited species from Florida waters or the adjacent EEZ the only option for the requested activities?

M. 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
 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 <https://myfwc.com/license/saltwater/special-activity-licenses/>.

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

N. SPECIES TO BE PERMANENTLY RETAINED.

I. Species Non-Specific Harvest: If your collection needs are not species-specific, please 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 specimens will be collected in conjunction with another activity (such as invertebrates collected in sediment cores): _____
 - iv. How will the specimens 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 (inches)	# Requested	# in Inventory

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

O. 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)
<input type="checkbox"/> Baitfish trap						
<input type="checkbox"/> Sea bass trap						
<input type="checkbox"/> Lobster trap						
<input type="checkbox"/> Stone crab trap						
<input type="checkbox"/> Blue crab trap						
<input type="checkbox"/> Shrimp trap						
<input type="checkbox"/> Fish trap*						
<input type="checkbox"/> Other Traps** (list below)						

*Fish trap tending period:

Attach a statement of justification identified for Section O. 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 O. 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 O. 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 O. 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.

<input checked="" type="checkbox"/> Trawl Type	Perimeter (ft)	Stretched Length (ft)	Stretched mesh size (in)
<input type="checkbox"/> Single Otter	_____	_____	_____
<input type="checkbox"/> Double Otter	_____ (each)	_____ (each)	_____ (each)
<input type="checkbox"/> Skimmer	_____	_____	_____
<input type="checkbox"/> Roller Frame	_____	_____	_____ Beam width (ft): _____
<input type="checkbox"/> 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 O. IV.

V. OTHER GEAR (Please check):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Hook and line | <input type="checkbox"/> Quinaldine | <input type="checkbox"/> Bottom Grab** | <input type="checkbox"/> Settlement Tiles or Plates** |
| <input type="checkbox"/> Hand Collection | <input type="checkbox"/> Transect Lines** | <input type="checkbox"/> Wood Borer** | <input type="checkbox"/> Hammer/Chisel** |
| <input type="checkbox"/> Tongs | <input type="checkbox"/> Sediment Corer** | <input type="checkbox"/> Quadrats** | |
| <input type="checkbox"/> 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 “P” THROUGH “S” ARE INFORMATIONAL ONLY AND DO NOT REQUIRE ANY INFORMATION TO BE SUBMITTED.

P. 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.

Q. NOTIFICATION REQUIREMENTS. All SAL holders must notify the nearest Commission Law Enforcement Dispatch 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 Commission Law Enforcement Dispatch Center. Float plans are valid for the duration of the SAL unless rescinded by the SAL holder.

R. 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.

S. 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.