



Relocation*
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.

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 36 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 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 "U" and "V" of this application form.

B. ELIGIBILITY. A Relocation 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 marine research institute, laboratory, corporation, or organization with demonstrated experience conducting successful relocation activities.
- 4) A member of the scientific or technical staff of a city, county, state or federal agency.

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. LOCATION(S) OF ACTIVITIES.

Harvest Site Information

- 1) Harvest Site Location Description (county, coast, water body, park or sanctuary area)
- 2) Harvest Site Identifier (e.g., name, #, character)
- 3) Harvest Site Depth (ft)
- 4) Harvest Site Substrate Type (if applicable)
- 5) Provide corner coordinates of the harvest site in decimal degree format:

NE Lat	NE Long	NW Lat	NW Long	SE Lat	SE Long	SW Lat	SW Long

Temporary Holding Site Information (if applicable)

- 1) Temporary Holding Site Location Description (county, coast, water body, park or sanctuary area)
- 2) Temporary Holding Site Identifier (e.g., name, #, character)
- 3) Temporary Holding Site Depth (ft)
- 4) Distance from the harvest site
- 5) Distance from the relocation site
- 6) How long will organisms be held at the temporary holding site?
- 7) How will organisms be held at the temporary holding site? (e.g., baskets, bags, attached to structure)
- 8) Provide corner coordinates of the temporary holding site in decimal degree format:

NE Lat	NE Long	NW Lat	NW Long	SE Lat	SE Long	SW Lat	SW Long

Relocation Site Information

- 1) Relocation Site Location Description (county, coast, water body, park or sanctuary area)
- 2) Relocation Site Identifier (e.g., name, #, character)
- 3) Relocation Site Depth (ft)
- 4) Relocation Site Substrate Type (if applicable)
- 5) Distance from the harvest site

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, and project designs to minimize the mortality of targeted or bycatch species.

L. RELOCATION PLAN AND METHODOLOGY. Please provide a copy of the Relocation Plan if one has been prepared. If a Relocation Plan has not been prepared or if the Relocation Plan does not include relocation methodology, please provide the relocation methodology as a separate attachment.

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 in conjunction with this application form.

N. EXPERIENCE. Submit a copy of any publications, technical, monitoring, or other such reports that demonstrate the applicants experience conducting successful relocation activities for the organisms requested for relocation.

O. SPECIES TO BE RELOCATED. Species may be grouped and identified by Order, Family, Genus or Genus/Species.

Common Name	Scientific Name	Number to be Relocated (if known)

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

P. GEAR SPECIFICATIONS. Please identify all equipment that will be used for harvest, relocation and reattachment (if applicable).

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 P. 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 P. 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 P. 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 P. 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 P. 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"/> Wire Brushes |
| <input type="checkbox"/> Putty knives | <input type="checkbox"/> Tags | <input type="checkbox"/> Nails** | <input type="checkbox"/> Marine epoxy/cement |
| <input type="checkbox"/> Dredge** (Provide type, specifications and description of use): _____ | | | |

Other (provide type, specifications and description of use): _____

** 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 “Q” THROUGH “T” ARE INFORMATIONAL ONLY AND DO NOT REQUIRE ANY INFORMATION TO BE SUBMITTED.

Q. 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.

R. 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.

S. 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.

T. 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.