

Research Application
Kentucky Department of Fish and Wildlife Resources

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|---|---------------|----------------|
| Name: | Phone: | Date: |
| Affiliation: | | E-mail: |
| Do you currently have a Scientific or Educational Collection permit for Kentucky? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Permit # _____ | | |
| Do you currently have a federal permit? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Permit # _____ | | |
| Location(s) of proposed research/survey efforts (County and GPS coordinates OR attach a map of proposed study location): | | |
| Please use the space provided to briefly describe your research efforts OR attach a formal research proposal to your application. | | |

