



Fishing Preserve License Application

License Duration: 1 Year
(January 1 – December 31)
License Fee: \$50.⁰⁰

For more information about this license visit:
www.dec.ny.gov/permits/28663.html

For Office Use Only

License #: _____
Fee Paid: \$ _____
 Check # _____
 M.O.# _____

Applicant Information

***Name:** _____
Last First M.I. ***Date of Birth:** ____ / ____ / ____
MM DD YYYY

***Address:** Street Apartment/Unit City
County State Zip Code

***Phone:** () _____ - _____ **Email:** _____

Facility/Business Information *(Location and details of the preserve)*

Facility/Business Name *(if applicable):* _____

Address: _____
(indicate "same as above" if applicable) Street Address Suite/Unit City State
County Zip Code **Phone:** () _____ - _____

***Number of Ponds:** _____ ***Total Surface Area of Pond(s) (Acres):** _____

***Identify the fish species you intend to stock and the source from which you will acquire the fish:**

Species: _____ Source: _____

Public Contact List Information *(*Complete this section to be included on the contact list provided to the public)*

Preserve Phone Number: () _____ - _____ **Preserve E-mail:** _____

Required Document(s) **(must be submitted with your application)**

- Check or money order for the license fee made payable to:
"NYS Department of Environmental Conservation"
- Map depicting the location/pond to be licensed
(Example maps: topographic, road/highway, etc.)

Application Checklist

- (Before sending this application, please verify the following)
- All application fields marked with an asterisk (*) are complete¹
 - You signed and dated below

By signing below, I understand that this license is for use on a privately-owned artificial or man-made waterbody only.

NOTICE: Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Code.

***Applicant's Signature** ***Date** ____ / ____ / ____

Mail your completed application and required document(s) to:
NYS Department of Environmental Conservation
Special Licenses Unit • 5th Floor
625 Broadway • Albany, New York 12233

For questions or concerns, please contact us
Phone: (518) 402-8985 • Fax: (518) 402-8925
Email: SpecialLicenses@dec.ny.gov
Website: www.dec.ny.gov/63.html

Please allow 45 days for DEC to review and process your application.

¹Incomplete or vague applications will be returned and delay the processing of your permit.