

# License to Collect or Possess (LCP): Marine Resources

## Application Instructions

**STATUTORY AUTHORITY:** Environmental Conservation Law Section 11-0515 (1) and 6 NYCRR Part 175.

For more information on this license visit: <https://www.dec.ny.gov/outdoor/116021.html>

### Instructions for LICENSE AMENDMENTS:

To apply for a license amendment, use the 'License Amendment Request' form: [http://www.dec.ny.gov/docs/fish\\_marine\\_pdf/dmrlcpamendment.pdf](http://www.dec.ny.gov/docs/fish_marine_pdf/dmrlcpamendment.pdf). Include only the information on the request form pertaining to the specific amendment(s) you are requesting. Please do not include previously submitted information already authorized under your license.

### Instructions for LICENSE RENEWAL:

All licenses expire one year from the date of issuance. A license renewal form will be sent by mail prior to the expiration date noted on the license. If a license renewal form is not received at least 2-weeks prior to the expiration date, contact the Marine Permit Office at (631) 444-0470 – **do not complete a new application.**

### Instructions for ANNUAL REPORT:

All licensees must submit an annual report with their license renewal. The license will have a condition that lists the required information for the annual report.

#### 1. Applicant Information

- Provide your Last Name, First Name and Middle Initial.
- Provide your Date of Birth
- Provide your Street Address, City, County, State, and Zip Code where you live/receive mail.
- Provide your Email and Telephone Number

#### 2. Facility Information

- Provide the physical address of the location where the animals will be permanently located. Including Street Address, City, County, State, and Zip Code.

#### 3. Describe Purpose of Licensed Activity

- Explain in detail the purpose for which you are applying for this license.

#### 4. Identify the Type of Activity

- Indicate if animals will be collected from the wild or will **not** be collected from the wild (received from another source).
- Indicate if you will be collecting/possessing endangered or threatened species. Please reference the list of NYS endangered/threatened species: <https://www.dec.ny.gov/animals/7494.html>.

#### 5. Species of Possession

- Provide the Common Name, Scientific Name (Genus species), Total Number of species you wish to possess, and indicate if the species is endangered/threatened. (*Example: Eastern oyster, Crassostrea virginica, 1000 individuals, No*)
- For species not collected from the wild, include the source/provider of the animals and their applicable license number.
- For species collected from the wild, describe in detail the location and method(s) you will use to collect the animals.
- For species being possessed (retained after collection), describe the measures you will take to ensure humane treatment, length of possession, and final disposition of all animals.
- For species being exhibited, provide the date(s) and location(s) of exhibition.

#### 6. Designated Agents

- License holders may designate individuals to function as agents under their license. If you choose to select a designate agent, please include their First Name, Last Name and Affiliation. If you choose to designate an agent at a later time, use the [LCP: Shellfish Gardening License Amendment Request Application](#) (PDF).

#### 7. Additional Permits

- If you required additional State/Federal permits for your proposed activity, include photo copies with your application.

**APPLICATION CHECKLIST:** Before submitting your application, verify the following information is completed and all required document(s) are submitted with your application.

- All application sections marked with an asterisk (\*) are complete (Required)
- Include photocopies of all additional required permits and documentation.
- You have signed and dated bottom of application (Required)

### MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:

NYS Department of Environmental Conservation  
Division of Marine Resources – Marine Permit Office  
205 N. Belle Mead Road, Suite 1  
East Setauket, New York, 11733

### For questions, please contact us

Phone: (631) 444-0470

Fax: (631) 444-0497

Email: [MPO@dec.ny.gov](mailto:MPO@dec.ny.gov)

Website: [www.dec.ny.gov/outdoor/116021.html](https://www.dec.ny.gov/outdoor/116021.html)



LICENSE DURATION

# License to Collect or Possess (LCP): Marine Resources Application

For Office Use Only

LICENSE FEE: NONE

For more information on this license visit: [www.dec.ny.gov/outdoor/116021.html](http://www.dec.ny.gov/outdoor/116021.html)

License # \_\_\_\_\_

**STATUTORY AUTHORITY:** Environmental Conservation Law Section 11-0515, 11-0535, 11-0536, and 6 NYCRR Part 182 and Part 175.

The Department of Environmental Conservation (DEC) may issue a *License to Collect or Possess* **OR** *Endangered and Threatened Species License* to qualified individuals to collect or possess fish, wildlife, shellfish, crustacea, protected insects, birds' nests or eggs. This application is for the following purposes: **Education/Exhibition OR Scientific Research**

### \* APPLICANT INFORMATION:

<b>Name / Date of birth</b>	_____			
	Last	First	M.I.	DOB (mm/dd/yyyy)
<b>Affiliated Organization</b>	_____			
<b>Mailing Address</b>	Organization or Business Name			
<b>Email / Telephone</b>	Street Address		Apartment/Unit	City
	Township	County	State	Zip Code
	Email		( _____ )	Telephone

### \* FACILITY INFORMATION: (Provide physical address of location licensed animals will be housed.)

<b>Physical Address</b>	Street Address			
			City	
	Township	County	State	Zip Code

### \* DESCRIBE THE PURPOSE FOR WHICH YOU ARE APPLYING FOR THIS LICENSE:

### \* CHOOSE THE APPROPRIATE CATEGORY:

Species **WILL BE** collected from the wild in New York State

Species **WILL NOT BE** collected from the wild in New York State

### \* WILL YOU BE COLLECTING OR POSSESSING ENDANGERED SPECIES:

**YES**  
(Include on the following page)

**No**



If more space is needed at any point of your application, please attach additional sheets.

**\*SPECIES:** (Provide the common name, scientific name (Genus species), the total number, male and female, of the species you wish to possess, and indicate if the species is endangered. A list of endangered species can be found at <https://www.dec.ny.gov/animals/7494.html>.)

Common Name	Scientific Name	Total Number	Endangered?

**NOT COLLECTING FROM WILD:** (If you are applying for a license to possess species which **will not be collected from the wild in New York**, describe how and from where you will obtain the species. Include the name, address, telephone number, and License Name and Number of the person who legally possess the species you wish to obtain. *Rehabilitation animals require a letter from a veterinarian stating the requested animal is permanently disabled and non-releasable and if applicable their license number and type.*)

Species	Name of Source and Telephone Number	State and Federal License #

**COLLECTING FROM WILD:** (If you are applying for a license to **collect species from the wild in New York**, describe the location(s), date(s), length of possession and method(s) you will use to collect the species you listed above. Include the type(s), number of traps and length of nets, etc. **If you are collecting from a vessel, include the name and documentation/registration number.** *Individuals conducting activities on lands administered by the State or on conservation easement lands shall apply for and receive a Temporary Revocable Permit authorizing the use of those lands for such a purpose prior to conducting activities. The application for a TRP can be found at: [https://www.dec.ny.gov/docs/lands\\_forests\\_pdf/trpapplication.pdf](https://www.dec.ny.gov/docs/lands_forests_pdf/trpapplication.pdf)*)

**DESCRIBE POSSESSION AFTER COLLECTION:** (Describe the measures you will employ to ensure humane treatment of the animals, the house/holding facilities that you will provide for the animal(s) to ensure safe captive conditions. Include the final disposition of species you wish to collect.)



**DESCRIBE EXHIBITION:** (Provide the date(s) and location(s) where the listed species will be exhibited.)

**\*DESIGNATED AGENTS:**

Do you wish to designate agent(s) under your license to assist you in the care of listed animals?  Yes  No  
If YES, please include their name(s) below, or attach a photocopy list with your application:

Name	Age	Address	Telephone

**\*ADDITIONAL PERMITS:**

Do you possess valid State and/or Federal license or permits which are required for your proposed activity?  Yes  No  
If YES, please attach photocopies of relevant licenses or permits with this application.

**APPLICATION CHECKLIST**

Before submitting this application, verify the following information is completed and all required document(s) are submitted with your application.

- All application sections marked with an asterisk (\*) are complete (Required).
- You have signed and dated below (Required).
- Include photocopies of all additional required documentation and information.

**\*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 Law.

Applicant's Signature

Date

**MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:**

NYS Department of Environmental Conservation  
Division of Marine Resources – Marine Permit Office  
205 N. Belle Mead Road, Suite 1  
East Setauket, New York, 11733

For questions, please contact us:

Phone: (631) 444-0470

Fax: (631) 444-0497

Email: [MPO@dec.ny.gov](mailto:MPO@dec.ny.gov)

Website: [www.dec.ny.gov/outdoor/116021.html](http://www.dec.ny.gov/outdoor/116021.html)

**Please allow 45 days for DEC to review and process your application. Incomplete or vague applications will be returned and delay the processing of your permit.**