

**NEBRASKA GAME AND PARKS COMMISSION  
FISHERIES DIVISION**



**APPLICATION FOR AUTHORIZATION TO IMPORT LIVE FISH**

Applicant's Name: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Aquaculturist Permit # \_\_\_\_\_ Fax #: \_\_\_\_\_

Species to be imported	Eggs	Fish	Size	Number	Pounds

Destination: County \_\_\_\_\_ Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_  
 Stream/River System: \_\_\_\_\_  
 Purchased for: \_\_\_\_\_ Private Use \_\_\_\_\_ For Resale \_\_\_\_\_

**SOURCE OF FISH OR EGGS:**

Carrier/Hatchery Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Broker's Name/Address: \_\_\_\_\_  
 Date of Arrival: \_\_\_\_\_

The above information is accurate to the best of my knowledge:

Name (Signature required) \_\_\_\_\_ Date \_\_\_\_\_

*Application must be received not less than 10 days prior to date of shipment. **A LETTER OF DISEASE CERTIFICATION, INCLUDING DATE OF EXAMINATION, MUST ACCOMPANY APPLICATION.** The letter of certification must be signed by an individual recognized by the Commission as competent in the diagnosis of fish diseases.*

**NOTE:** PERMIT IS VALID FOR A 60-DAY PERIOD AFTER ISSUANCE.

**RETURN APPLICATION TO:** FISHERIES DIVISION  
 GAME AND PARKS COMMISSION  
 2200 NORTH 33<sup>RD</sup> STREET  
 LINCOLN, NE 68503

\*\*\*\*\***FOR AGENCY USE ONLY**\*\*\*\*\*

Date Application Received \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

Conditions: Disinfect eggs as per Fish Health Policy.

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