



2200 North 33rd Street
Lincoln, NE 68503
402/471/5552

RENEWAL APPLICATION ONLY

AQUACULTURIST PERMIT

NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

NAME OF AQUACULTURE FACILITY: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

LIST SPECIES YOU WISH TO BE AUTHORIZED TO CULTURE AND/OR SELL:

FEE: \$76.00 (includes \$1.00 issuing fee)

OFFICE USE ONLY

PERMIT ISSUED: _____

DATE PERMIT ISSUED: _____