

NEBRASKA



2200 NORTH 33RD, P. O. BOX 30370
LINCOLN, NE 68503

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: \$78.00

OFFICE USE ONLY

PERMIT ISSUED: _____

DATE PERMIT ISSUED: _____