

For Office Use Only

Permit Duration: Up to 5 years
Permit Fee: No fee

Fish Stocking Permit Application

For more information about this license visit:
www.dec.ny.gov/permits/25026.html

License #: _____

Applicant Information

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

*Address: _____
Street Address Apartment/Unit City

County State Zip Code

*Phone: () _____ - _____ Email: _____

Owner/Lessee Information (*Complete this section if water to be stocked is privately owned & contact is different than above)

*Name: _____ *Phone: () _____ - _____
Last First M.I.

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

Stocking Location Information

Waterbody Name: (if applicable) _____ Waterbody Location: _____
Town County

Lake or Pond Characteristics (Complete this section if fish will be stocked into a lake or pond)

Type of lake/pond: Natural Artificial/Man-made Surface Area (Acres): _____
 If the lake/pond has an outlet, name the nearest water it drains into: _____

Fish Species

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

Species: _____ Source: _____

If applicable, indicate the fish species that currently inhabit the water: _____

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

- 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

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

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.



DEC Regions: Use the map to find the appropriate DEC Regional Fisheries Office to mail your application.

Region 1

50 Circle Rd
Stony Brook, NY 11790
(631) 444-0280

Region 2

47- 40 21st Street
Long Island, NY 11101
(718) 482-4922

Region 3

21 South Putt Corners Rd.
New Paltz, NY 12561-1696
(845) 256-3161

Region 4

65561 State Hwy 10, Suite 1
Stamford, NY 12167-9503
(607) 652-7366

Region 5 (multiple offices)

Route 86, PO Box 296
Ray Brook, NY 12977-0296
(518)897-1200

-OR-

232 Golf Course Road, PO Box 220
Warrensburg, NY 12885
(518) 623-1200

Region 6

State Office Building
317 Washington Street
Watertown, NY 13601-3787
(315) 785-2263

Region 7

1285 Fisher Avenue
Cortland, NY 13045-1090
(607) 753-3095

Region 8

Attn: Bait License
6274 East Avon-Lima Rd.
Avon, NY 14414-9519
(585) 226-2466

Region 9

182 East Union St. Suite 3
Allegany, NY 14706
(716)372-0645