



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

For Office Use Only

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 (multiple offices)

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

-OR-

270 Michigan Avenue
Buffalo, NY 14203-2999
(716) 851-7000