



## Application to Stock a South Dakota Public Water Body



**State Statute:** 41-13-3. It is a Class 2 misdemeanor for any person to transplant or introduce any fish or fish eggs into any of the public waters of this state without express authority of the Department of Game, Fish and Parks.

**NOTE:** This application does not replace the SOUTH DAKOTA PRIVATE FISH HATCHERY LICENSE APPLICATION which addresses fee fishing, and the selling, possession, transportation, propagation, rearing, or production of live fish or any fish reproductive product for commercial purposes. Questions concerning the proper application can be directed to the Game, Fish and Parks Regional Offices or the Fisheries Program Administrator at (605) 773-4501.

Submission: Application should be submitted to: **Fisheries Program Administrator, Game Fish and Parks, 523 East Capitol Ave, Pierre, SD 57501**

Applicant Name: \_\_\_\_\_  
Last First MI

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street, Box Number, Rural Route City State (Zip +4)

Phone Number of Applicant: \_\_\_\_\_  
Area Code and Phone Number

**Water Body:**  
 Name/Description: \_\_\_\_\_ Approx. size (acres): \_\_\_\_\_

**Location of water body:**  
 Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section #: \_\_\_\_\_ ¼ Section: \_\_\_\_\_ County: \_\_\_\_\_

**NOTE:** Please attach an aerial photo or copy of plat book with pond location as well as access route indicated on map. Unless applicant is sole owner of land surrounding the water, attach written permission of **all** individuals in control of access to the requested waters.

Species of Fish	Size of Fish	Number to be Stocked	Source of Fish	Anticipated Stocking Date

Applicant Name: (Printed): \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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This Section to be completed by South Dakota Dept. Game Fish and Parks Personnel and are the recommendations and comments of the Fisheries Biologists and/or Regional Fisheries Manager.

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Regional Conversation Officer Supervisor

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Fisheries Biologist or Regional Fisheries Manager

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Fisheries Program Administrator