



South Dakota Game, Fish & Parks Request for Addition of New Water/Facility to a Private Aquaculture License



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 form does not replace the SOUTH DAKOTA PRIVATE FISH HATCHERY LICENSE APPLICATION This form is to be completed for **each new water/facility** requested for use as a rearing pond as part of a licensed aquaculture operation. Questions concerning the proper completion of this application can be directed to the Game, Fish and Parks Area Fisheries Supervisor or the Fisheries Program Administrator at (605) 773-4501.

Submission: A completed form and payment of **\$300 for each new water or facility requested** should be submitted with your **Private Fish Hatchery License application** by January 1 to:

Fisheries Program Administrator
Game Fish and Parks
20641 SD Hwy 1806
Ft. Pierre, SD 57532

Applicant Name: _____
Last
First
Middle Initial

Mailing Address: _____
PO Box/Street
City
State
Zip

Phone Number of Applicant: _____ Email Address: _____

Water Body or Facility:

Landowner name(s): _____ Approx. size (acres): _____

Location of Water Body or Facility:

Latitude: _____ Longitude: _____

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

Signature of Applicant: _____ Date: ____/____/____

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.

Signature: _____ Date: ____/____/____
 Fisheries Biologist or Area Fisheries Supervisor

Signature: _____ Date: ____/____/____
 Regional Conservation Officer Supervisor

Signature: _____ Date: ____/____/____
 Fisheries Program Administrator