



Iowa Department of Natural Resources  
**Non-Indigenous Aquatic Organism Importation and Possession Permit Application**

**Attach disease certification to this form and mail to:** Iowa DNR, Rathbun Fish Culture Research Facility, 15053 Hatchery Pl, Moravia IA 52571, Fax: 641-647-2690.

Aquatic organisms as defined by Iowa Code 481A.1 are: fish, amphibians, reptiles, mollusks, crustaceans, gastropods, algae, and other aquatic plants. Non-indigenous species are those species not specifically listed as an approved species by Iowa Administrative Code 571-89.1. A permit is necessary for importation and possession of non-indigenous species. The owner or operator of an aquaculture unit must provide the most recent disease inspection on the imported lot of aquatic species listed on this form. All disease certification statements must be issued and signed by an approved certified pathologist or veterinarian. The Department will only allow culture of non-indigenous species in a closed system defined as an indoor facility with escapement barriers approved by the Department to retain the species cultured. A representative of the Department may examine the facility to establish the system is closed.

Applicant Name (s): \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street or PO Box City/State/Zip

Home Address: \_\_\_\_\_  
Street or PO Box City/State/Zip

Rural Route: \_\_\_\_\_  
Township Range Section

Aquaculture Unit License No. (DNR No.): \_\_\_\_\_

Species to be imported (list below):

<u>Common Name</u>	<u>Scientific Name</u>	<u>Number</u>	<u>Source</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the address of all locations where imported species will be cultured.

Facility Name \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
Street or PO Box City/State/Zip

Facility Name \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
Street or PO Box City/State/Zip

Facility Name \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
Street or PO Box City/State/Zip

Facility Name \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
Street or PO Box City/State/Zip

I have read the Iowa Department of Natural Resources regulations governing licensed aquaculturists and will operate in conformity with them.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(if a company)

- There is no registration fee for a person or company currently holding a valid aquaculture license.
- Persons or companies not holding a valid license must acquire that license before this application can be completed.