RESET FORM

APPLICATION FOR INDIANA AQUATIC VEGETATION CONTROL PERMIT

State Form 26727 (R7 / 11-24)

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FISH AND WILDLIFE
ATTENTION: LICENSING UNIT
402 West Washington Street, Room W273
Indianapolis, IN 46204
Telephone: (317) 234-1074
Fax: (317) 232-8150
E-mail: AquaticVegPermit@dnr.in.gov

FEE: $20.00 per water body (lake/river)

INSTRUCTIONS:
1. Please type or print information.
2. Be sure to read all regulations.
3. Submit one application for each water body (lake/river).
4. Submit completed application with payment to Indiana DNR as required by IC 14-22-9-10.

Type of permit *(check one):* ☐ Whole lake ☐ Multiple treatment areas
If multiple areas, complete a section for each treatment area on page 2. Attach additional pages as necessary.

Name of applicant (company)	Name of lake association (if applicable)
Business Address *(number and street or rural route, city, state, and ZIP code)*	
Telephone number ( )	E-mail address
Name of certified applicator	Certification number
Name of water body *(One application per water body.)*	Drinking water supply? ☐ Yes ☐ No
Nearest town	County of water body

AGREEMENT

I have read the aquatic vegetation control permits laws (IC 14-22-9-10 and 312 IAC 9-10-3) and agree to abide by them. Under penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge.

Signature of applicant	Date *(month, day, year)*
Printed name of applicant	

Please return completed application with license fee made payable to the Indiana DNR to the address shown above.

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Application number	Check number	Other
Approved by:		Date Approved *(month, day, year)*
Signature of permitting biologist		Date *(month, day, year)*

Please complete one section for EACH treatment area.
Attach a color map detailing the treatment area and denote the location of any water supply intake (if applicable).

Treatment area number	Total acres to be controlled	Proposed shoreline treatment length *(feet)*	Perpendicular distance from shoreline *(feet)*	Maximum depth of treatment area *(feet)*

Latitude / longitude or UTMs	Treatment method ☐ Chemical ☐ Biological control ☐ Physical ☐ Mechanical	Expected month(s) of treatment

Specify the method used to determine presence of vegetation and date *(month/year)*
☐ Rake ☐ Visual ☐ Other *(specify)*: ______________________________ Date: ____________________

List chemical(s) to be used, method of physical or mechanical control and disposal area or the species and stocking rate for biological control:

Name of Aquatic Plant	Check if Target Species	% Relative Abundance of Community	Name of Aquatic Plant	Check if Target Species	% Relative Abundance of Community
	☐			☐	
	☐			☐	
	☐			☐	
	☐			☐	
	☐			☐	

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