



Department of Land and Natural Resources

Division of Forestry and Wildlife

1151 Punchbowl St., Room 325

Honolulu, HI 96813

Ph: (808) 587-0063; Fax: (808) 587-0064



Application for Research/T&E Collection/Access/Activity Permit

Application Date: _____

Name and Title of Principal Investigator or Coordinator:

Agency/Organization Supporting Activity:

Mailing Address:

TEL: _____ **FAX:** _____

Email: _____ **Local Contact:** _____

Type of Permit(s) requested:

Research:

NARS SUP:

Access:

T&E Species:

Landing:

Commercial Activity:

STATEMENT OF PROPOSED ACTIVITY

(Attach study/activity plans and supplementary material as necessary)

1) How will study/activity results benefit the area, resource, or management in the future?

2) Study/activity objectives.

3) Specific study/activity location(s). Attach map if needed.

4) Mode of travel to study/activity site.

5) Duration of study/activity:

- a. Overall: _____
- b. Dates for this request: Start date: _____ End date: _____

6) How is the study/activity to be accomplished? What are the methods to be used? Be specific in listing study/survey techniques and include efforts that will be taken to minimize effects on the resource and/or area.

7) Justification:

Why is the proposed study/activity important?

If work is in a Natural Area Reserve, can it be done elsewhere? If so, justify use of NARS.

How will the information learned be applied?

How will study/activity results be disseminated?

Will any specimens be collected? (If yes, state kind, quantities, storage methods, and ultimate disposition.)

8) Have any studies (in the case of research proposals) been made that are similar to the one proposed? If yes, please cite.

9) Who will participate in the study/activity (in the case of groups, list the leaders and/or responsible parties, or the principal permit holder who will carry overall responsibility)?

10.) Will your research/activity require camping or night work? If yes, please describe specific locations, duration and dates.

11.) Will your research/activity involve the use of aircraft in any way? If yes, please describe specific locations, frequency of use and dates.

12.) Will your research/activity involve the use of firearms? If yes, describe locations, frequency of use, safeguard to be employed, etc.

13.) Will your research/activity require structures/equipment to be left in the field? If so, when will they be removed?

14.) Will permits from other agencies be required for your study/activity? If yes, please list.

15.) What is the expected report date for your findings - in the case of research or commercial photographs?

16.) What information will be made available to the Dept. of Land & Natural Resources?

17.) Is this application part of graduate studies? If so, please include the name and affiliation of your major professor/advisor and his/her signature.

Principal Coordinator _____
(As appears on Drivers License)

Title: _____

Background/Qualifications:

Assistant: _____

Background/Qualifications:

Assistant: _____

Background/Qualifications:

Assistant: _____

Background/Qualifications:

Assistant: _____

Background/Qualifications:

[Please list all other personnel to be covered by this request on a separate sheet]

Applicant's Name _____

Applicant's Signature _____

Advisor's Name _____

Advisor's Signature _____