



Department of Land and Natural Resources
Research Access Permit Application for
Kauai Division of State Parks
in partnership with the Division of Forestry & Wildlife

Applicant Name: _____ Date: _____

Agency/Organization Supporting Activity: _____

New Permit Renewal Previous Permit No.: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Cell phone number: _____

List of all people to be covered under this permit (*names as they appear on photo ID*):

State Parks name(s):

Statement of Proposed Research Activity (*Attach research plans and supplementary material as necessary*)

1) Brief summary of research objectives:

2) List all species included in your research. Please indicate any protective status (State or Federal Threatened & Endangered species list, IUCN redlist, etc.):

3) Describe research methodology as specifically and concisely as possible. List techniques and include all measures to minimize impacts to target species and/or surrounding habitat.

4) Will permits from other agencies be required for your study/activity? If yes, please list the agency, permit number and issuance date and attach a copy.

5) Will any specimens be collected? If yes, state type of specimen, quantities, storage methods, and ultimate disposition. Note: We may request vouchers go to Bernice Pauahi Bishop Museum Herbarium (BISH) on Oahu and/or the herbarium at the National Tropical Botanical Garden (PTBG) on Kauai.

Project Logistics

Answer all logistical questions as completely as possible. Insufficient information can result in delays in issuance or denial of permit. Attaching a detailed map is required. Maps should include specific research, camping, night work, and helicopter landing location(s) as well as access routes, as applicable. Spatial information for trails, state parks, roads, etc. are available online at the State Geospatial Data Portal at <http://geoportal.hawaii.gov/> or on USGS topographical maps available at <https://ngmdb.usgs.gov/topoview/>. If submitting location information on USGS topo maps use scale 1:24,000 only. A safety plan (*communication and emergency response plan*) must be attached to your application if there is use of a helicopter and/or camping overnight.

6) Duration of research (*Note: Permits are limited to one year in length with possibility of renewal*):

Total Duration of Research/ Project: _____

Dates for this permit request: Start date _____ End date _____

7) List specific research locations. Reference attached map.

8) List modes of travel to research sites (*ie. helicopter, trail name, 4x4 road, etc.*). *If use of aircraft (ie. helicopter, drone, etc.) is needed in any way, list specific locations and frequency of use and dates for each location. Additional requirements must be met for helicopter and drone use.*

9) Will your research require camping or night work? If yes, please list locations and the dates and duration for each site. Reference attached map. *(Camping is not allowed in some areas and you will be subject to submitting additional permits for camping overnight)*

10) Will your research require structures/equipment to be left in the field, and when will they be removed? Describe equipment or attach a photo, and indicate where they will be located and how they will be labeled, or they may be removed without notice.

Research Project Justification

11) Has similar research been conducted? If yes, please list citations.

12) How will this research benefit the people of Hawaii, natural resource management, and/or natural resource conservation in Hawaii?

13) Why is the proposed research important?

14) All information obtained from research activities conducted in the State Parks will be provided to the Division of Forestry and Wildlife and Division of State Parks. What is the expected report date for your findings? (*Failure to submit a report to the DSP will result in the denial of subsequent permit requests.*)

Certification: I certify that all information provided as part of this application is true and correct to the best of my knowledge.

Print Applicant Name: _____

Applicant Signature: _____ Date _____

If this project is being done for an advanced academic degree, certification of this application by your major professor/advisor is required.

Print Advisors Name: _____

Advisor's Signature: _____ Date _____

Application Submission Instructions:

This application must be emailed to the Kauai Division of Forestry and Wildlife Forestry Program Manager (Mapuana OSullivan) or District Manager (Sheri Mann). The application must be received 90 days prior to the requested start date of the project. The application will be reviewed by the Division of Forestry and Wildlife district and then submitted to the Division of State Parks (David Tsuchiya) for final review.

Contacts:

Kauai Division of Forestry and Wildlife District Manager:

Sheri Mann

Sheri.S.Mann@hawaii.gov

Kauai Division of State Parks Superintendent:

David Tsuchiya

David.H.Tsuchiya@hawaii.gov

Kauai Division of Forestry and Wildlife Forestry Manager:

Mapuana O'Sullivan

Mapuana.R.OSullivan@hawaii.gov