



# Department of Land and Natural Resources

## Division of Forestry and Wildlife



Oahu District, 2135 Makiki Heights Dr., Hon., Hi. 96813  
Fax # (808) 973-9781 Phone # (808) 973-9778

Kauai District, 3060 Eiwa St. Rm. 306, Lihue, H;. 96766  
Fax # (808) 274-3438 Phone # (808) 274-3433

Hawaii District, 19 E. Kawili St., Hilo, Hi. 96720  
Fax # (808) 974-4226 Phone # (808) 974-4221

Maui District, 685 Haleakala Hwy Kahului, H;. 96732  
Fax # (808)984-1111 Phone # (808) 984-8100

### Forest Reserve System Permit Application for Research/Access

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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*):

Forest Reserve name(s): (*Interactive map available at <http://dlnr.hawaii.gov/forestry/frs/reserves/>*)

**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.



10) 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*)

11) 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**

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

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

14) Why is the proposed research important?

15) All information obtained from research activities conducted in the Forest Reserves will be provided to the Division of Forestry and Wildlife. What is the expected report date for your findings? (*Failure to submit a report to the DOFAW 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 \_\_\_\_\_