



Connecticut Department of
 Energy & Environmental Protection
 Bureau of Natural Resources
 Inland Fisheries Division

Application for Special Regulations on Association Controlled Fishing Waters

Complete and submit this application to the address indicated at the end of this form to apply for a permit for any association owning or controlling the fishing rights in any stream or pond to have special open and closed seasons, daily creel and season limits, and legal lengths of species taken from such waters. Please complete this form in accordance with the [Connecticut General Statutes \(CGS\) 26-132-1](#).

DEEP USE ONLY
App #: _____
Date Received: _____

There is no fee associated with this permit application.

Part I: Applicant Information

1. Name of Applicant (Association/Club/Group):			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.		
2. Primary contact for departmental correspondence and inquiries, if different than the applicant.			
Name:			
Home Phone:	Cell Phone:		
*E-mail:			
*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.			

Part II: Waters to Which Special Regulations Will Apply

Name of Waterbody:
Location:

Part III: Regulation Change Request Details

Start Date:	End Date:		
Would you like to request to fish for a species during its closed season?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to fish for trout?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Requested Change in Bag Limit

Species Name	Bag (Creel) Limit Daily	Bag (Creel) Limit Season

Requested Change in Legal Length Limit

Species Name	Minimum Size (inches)

Part IV: Certification

The applicant responsible for actually preparing the application must sign this part. An application will be considered incomplete unless the required signature is provided.

<p>I have personally examined and am familiar with the information submitted in this document and, I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I certify that, if applicable, the owner of the waterbody listed on this application has been notified and has provided the authorization for Special Regulations on such waterbody.</p>	
_____ Signature of Applicant	_____ Date

Note: *Please read the CT General Statute regarding privately stocked water and submit the completed Application Form to:

INLAND FISHERIES DIVISION
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

Any questions, please call 860-424-3474 or by email at: DEEP.Inland.Fisheries@ct.gov

***** (for agency use only) *****

Special Regulations Permit		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Number: _____
Issue Date: _____		
Effective date: _____ to _____		
Comments: _____		
Issued by: <i>Peter J. Aarrestad, Director</i> <i>Inland Fisheries Division</i>		