



# AMERICAN SAMOA DEPARTMENT OF MARINE AND WILDLIFE RESOURCES

PO Box 3370, Pago Pago, American Samoa 96799 | Tel: (684) 633-4456



## COLLECTION PERMIT APPLICATION

PERMIT NO. (OFFICE USE ONLY)

### 1. APPLICANT INFORMATION

Full Name of Applicant *	Phone Number	Date Submitted
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address *		
<input type="text"/>		
Email Address *	Alternate Email	
<input type="text"/>	<input type="text"/>	
Institutional Affiliation		
<input type="text"/>		
Institutional Address		
<input type="text"/>		

### 2. STUDY / PROJECT INFORMATION

Title of Study / Project *		
<input type="text"/>		
Duration of Study / Collection Period *	Projected Start Date *	Projected End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Specific Location(s) of Study and/or Collecting / Sampling Area(s) *		
<input type="text"/>		
Objectives of Study *		
<input type="text"/>		

### 3. COLLECTION DETAILS

Description of Specimen(s) to be Collected (species, life stage, quantity, etc.) *
<input type="text"/>
Describe Collection Methods to be Used *
<input type="text"/>

### 4. ANIMAL HANDLING & SAMPLE PROCESSING

If Handling and/or Manipulation of Live Animals — Describe Protocol(s)
<input type="text"/>
If Samples Will be Subjected to Further Processing (e.g., genetic/biochemical analysis, museum prep) — Describe How and Where
<input type="text"/>
Final Disposition of Samples or Animals
<input type="text"/>

**5. JUSTIFICATION**

Justification for Request to Collect, Sample, Handle and/or Manipulate Animals or Parts Thereof \*

**6. COLLABORATORS**

Name(s) of Local Collaborator(s) and/or Local Institutional Affiliation

Other Collaborating Scientists (Name, Institution, Role)

**7. SUPPORTING DOCUMENTS — CHECK ALL THAT APPLY**

- Curriculum Vitae / Resume
- Map of Study / Collecting Area(s)
- Research Protocol or Study Plan
- IACUC or Animal Care & Use Approval (if applicable)
- Other Permits or Relevant Documentation

**8. CERTIFICATION & SIGNATURE**

I hereby certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that falsification of information may result in denial or revocation of the permit. I agree to comply with all conditions set forth by the American Samoa Department of Marine and Wildlife Resources, applicable local laws and regulations, and to submit required reports upon completion of the permitted activities. I acknowledge that this permit is non-transferable and that any changes to the study must be reported to DMWR prior to implementation.

Signature of Applicant \*

Date \*

Title / Position

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**FOR OFFICE USE ONLY — DO NOT WRITE BELOW THIS LINE**

Application Received By

Date Received

Permit Number Assigned

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Decision:

- Approved  
  Denied  
  Pending / Under Review  
  Additional Information Required

Conditions / Notes

Authorized Signature

Date

Title

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