



## ARIZONA DEPARTMENT OF AGRICULTURE CENTRAL LICENSING

Physical Location: 1010 W Washington St., Phoenix, AZ 85007

Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007

PHONE: (602) 542-3578 FAX: (602) 542-0466

### NON-COMMERCIAL NATIVE PLANT PERMIT APPLICATION

☐ SCIENTIFIC RESEARCH   ☐ PLANTS   ☐ SEEDS   ☐ PARTS   ☐ SALVAGE

Pursuant to the provision in Arizona Revised Statutes, §§ 3-906.B and 3-908.E

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INSTITUTION'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

DESTINATION OF  
PLANT(S) or PARTS: \_\_\_\_\_

**Please answer the following questions:**

1. Does the institution allow public tours? ☐ Yes ☐ No

2. Does the institution publish public informational material? ☐ Yes ☐ No  
If so, please submit copies of the publications.

3. Will the results of the research be published? ☐ Yes ☐ No  
If yes, please submit a copy of the publication.

4. Type of media used to publish the results \_\_\_\_\_

Has this type of research been conducted previously by anyone? ☐ Yes ☐ No

If so, please indicate source \_\_\_\_\_

6. What is the purpose and intent of the research? \_\_\_\_\_

7. What are the credentials of the person(s) conducting the research? \_\_\_\_\_

8. What types of controls are to be used in the research? \_\_\_\_\_

9. What are the variables to be considered in the research? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. What is the period of time allowed for this research? \_\_\_\_\_

\_\_\_\_\_

11. What are the expected results of the research? \_\_\_\_\_

\_\_\_\_\_

12. What type of progress records and reports are to be used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Who are the expected beneficiaries of the research? \_\_\_\_\_

\_\_\_\_\_

14. How is the institution funded? \_\_\_\_\_

\_\_\_\_\_

15. Is the institution affiliated with an Arizona scientific research institution? ☐ Yes ☐ No

If yes, please indicate name, address and telephone number of the institution. \_\_\_\_\_

\_\_\_\_\_

**Please check the following statements:**

- ☐ The sites of removal of plants shall be restored to a natural appearance and the owner of the site shall approve site restoration.
- ☐ Persons with the knowledge and equipment shall accomplish the removal and transportation of the plants.
- ☐ The native plants used in the project shall be situated so as to be accessible to the scientific and regulatory community of the state.
- ☐ The ecology of the project site shall be conducive to the growth of the specific plants.
- ☐ Arrangements shall be made for a suitable permanent-planting site for all the surviving plants used in the research.
- ☐ Security of the project site shall be provided to prevent the theft or destruction of the plants being used in the research.
- ☐ The plants collected are not to be sold and are not for personal use.
- ☐ Written permission must be obtained from the state or federal land managing agency, or from the private landowner, or his/her agent, prior to collection, and the written permission shall accompany the permit.

**Please list the number and type of plant species to be collected**

<u><i>Number</i></u>	<u><i>Scientific Name</i></u>	<u><i>Common Name</i></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Scientific Research Permits are issued on a calendar year basis and may be renewed on or before December 31, of each year.

Reports to the Department of the plants collected, and their subsequent disposition, are due no later than January 31, of each year. Please retain a copy of this application for your records.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

*For questions concerning this permit application, please call (602) 542-3578*