



**APPLICATION FOR INDIANA AQUATIC VEGETATION CONTROL PERMIT**

State Form 26727 (R7 / 9-22)  
Approved by State Board of Accounts, 2022

INDIANA DEPT. OF NATURAL RESOURCES  
Attn: Licensing Unit  
Division of Fish and Wildlife  
402 W. Washington St., Rm. W273  
Indianapolis, IN 46204-2781  
Telephone: (317) 232-4102  
Fax Number: (317) 232-8150  
[www.wildlife.IN.gov](http://www.wildlife.IN.gov)  
Email: [AquaticVegPermit@dnr.IN.gov](mailto:AquaticVegPermit@dnr.IN.gov)

**FEE: \$20.00 per water body (lake/river)**

- Instructions:**
1. Please type or print information.
  2. Be sure to read all regulations.
  3. Submit one application for each water body (lake/river).
  4. Submit completed application with payment to Indiana DNR as required by IC 14-22-9-10.

**Check One:**  Whole Lake  Multiple Treatment areas\* **Today's Date** (month, day, year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Applicant** (company or individual) \_\_\_\_\_

**Name of Lake Association** (if applicable) \_\_\_\_\_

**Business Address** (Number and Street) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

**Telephone Number** (\_\_\_\_\_) \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Name of Certified Applicator** \_\_\_\_\_ **Certification Number** \_\_\_\_\_

**Name of Water Body** \_\_\_\_\_ **Drinking Water Supply**  No  Yes

**Nearest Town** \_\_\_\_\_ **County of Water Body** \_\_\_\_\_

**\*Complete a section for each treatment area on page 2. Attach additional pages as necessary.**

**Please return completed application with license fee made payable to the Indiana DNR to the address shown above.**

\*\*\*\*\*

**AGREEMENT**

*I have read the aquatic vegetation control permits laws (IC 14-22-9-10 and 312 IAC 9-10-3) and agree to abide by them. Under penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** (month, day, year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR OFFICE USE ONLY**

**Date Application Received** (month, day, year): \_\_\_\_\_ **Permit Number:** \_\_\_\_\_

**Check/Money Order #:** \_\_\_\_\_ \$ \_\_\_\_\_ **License Issued** (month, day, year): \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date Approved** (month, day, year): \_\_\_\_\_

Please complete one section for EACH treatment area. Attach a color map detailing the treatment area and denote the location of any water supply intake (if applicable).

Treatment Area Number	Total acres to be controlled	Proposed shoreline treatment length (feet)	Perpendicular distance from shoreline (feet)	Maximum depth of treatment area (feet)	
Latitude/Longitude or UTM's	Treatment Method	Expected month(s) of treatment	Specify the method used (visual, rake, etc.) to determine presence of vegetation and date (month/year)		
List chemical(s) to be used, method of physical or mechanical control and disposal area or the species and stocking rate for biological control					
Name of Aquatic Plant	Check if Target Species	% Relative abundance of community	Name of Aquatic Plant	Check if Target Species	% Relative abundance of community
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
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