



**Maine Department of Inland Fisheries and Wildlife**  
**353 Water Street, 41 SHS Augusta, ME 04333**  
**Phone 207-287-8000 / Fax 207-287-9037**

## Request for School Fishing Permit

*In accordance with the provisions of the Revised Statues, Title 12, Chapter 923, Section 12503, subsection 4*

Name of School/Organization: \_\_\_\_\_

Approximately how many students will be participating? \_\_\_\_\_

Contact Person/Supervisor name and personal contact phone number:

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Body of water you plan to fish: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Timeframe: \_\_\_\_\_ (AM, PM) to \_\_\_\_\_ (AM, PM)

Date(s): Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**(If more than one body of water, please fill in below)**

Body of water you plan to fish: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Timeframe: \_\_\_\_\_ (AM, PM) to \_\_\_\_\_ (AM, PM)

Date(s): Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Body of water you plan to fish: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Timeframe: \_\_\_\_\_ (AM, PM) to \_\_\_\_\_ (AM, PM)

Date(s): Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

The commissioner may permit student or youth groups to fish without licenses for periods of not more than 3 days as long as the fishing activity is conducted as part of an educational program and is under the direct supervision of a teacher or instructor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_