

<b>NATIONAL SCIENCE FOUNDATION ARLINGTON, VIRGINIA 22230</b>		<b>ANTARCTIC CONSERVATION ACT APPLICATION AND PERMIT FORM</b>			<b>PROPOSAL NO.</b>		
1. TYPE OF PERMIT REQUESTED <input type="checkbox"/> TAKE <span style="float: right;"><input type="checkbox"/> IMPORT INTO USA—PORT OF ENTRY _____</span> <input type="checkbox"/> HARMFUL INTERFERENCE <span style="float: right;"><input type="checkbox"/> EXPORT FROM USA _____</span> <input type="checkbox"/> ENTER ANTARCTIC SPECIALLY PROTECTED AREA <input type="checkbox"/> INTRODUCE NON-INDIGENOUS SPECIES INTO ANTARCTICA							
2. NAME, ADDRESS, PHONE/FAX NO. AND E-MAIL ADDRESS OF APPLICANT (IF A CORPORATION, FIRM, PARTNERSHIP, INSTITUTION, OR AGENCY, EITHER PUBLIC OR PRIVATE, COMPLETE BLOCK 3).							
3. NAME AND ADDRESS OF PRESIDENT OR PRINCIPAL OFFICER				4. IF APPLICANT IS AN INDIVIDUAL, INCLUDE BUSINESS OR INSTITUTIONAL AFFILIATION			
5. NAME OF APPLICANT'S AGENTS (FIELD PARTY MEMBERS), IF ANY (USE "TBA" IF NAMES UNKNOWN)					6. DESIRED EFFECTIVE DATES		
7. LOCATION(S)—INCLUDE MANNER OF TAKING OR HARMFUL INTERFERENCE AND PROPOSED ACCESS TO THE LOCATION							
8. SPECIMEN INFORMATION							
SPECIES	NUMBER	AGE	SEX	SIZE	CONDITION	IMPORT TO USA	ULTIMATE DISPOSITION
<b>CERTIFICATION</b>							
I certify that the information submitted in this application for a permit is complete and accurate to the best of my knowledge and belief. Any false statement will subject me to the criminal penalties of 18 U.S.C. 1001.							
SIGNATURE					DATE		
<b>FOR NSF USE ONLY</b>							
This application for a permit under the Antarctic Conservation Act, P.L. 95-541, as amended, and NSF regulations contained in Title 45 Part 670 of the Code of Federal Regulations is approved subject to the following conditions:							
THIS PERMIT EXPIRES ON: _____ <span style="float: right;">(Date)</span>							
TYPED NAME AND TITLE AND SIGNATURE OF NSF AUTHORIZING OFFICIAL						DATE	

9. DESCRIPTION OF ACTIVITY FOR WHICH PERMIT IS NEEDED AND JUSTIFICATION FOR PROJECT. ALSO INCLUDE HERE ADDITIONAL INFORMATION RELATING TO THE SPECIFIC ACTION FOR WHICH THE PERMIT IS BEING SOUGHT.

**PRIVACY ACT AND PUBLIC BURDEN STATEMENTS**

The information requested in this application is solicited under the authority of the Antarctic Conservation Act (ACA), as amended, the National Science Foundation Act of 1950, as amended, and NSF regulations at 45 CFR Part 670. The information will be used in administration of the ACA, particularly to make a determination on eligibility for an ACA permit. The information requested may be disclosed to other Federal agencies or a court, administrative, or adjudicative body involved in implementing or enforcing the ACA; to Federal, state, or local agencies, or foreign governments, where necessary to obtain records in connection with an investigation, or to persons, including witnesses, who may have information, documents, or knowledge relevant to an ACA investigation or enforcement proceeding; to other Federal agencies when relevant to a decision by that agency on a security clearance, on the award of a contract or grant, on the issuance of a license or other benefit, or on a disciplinary or other administrative action concerning its employee; to government contractors, experts, volunteers and researchers as necessary to complete assigned work; to a grantee institution or contractor in connection with an investigation or enforcement proceeding where an ACA violation is alleged against it or one of its employees, researchers, or subcontractors; and to another Federal agency, court or party in a court or Federal administrative proceeding if the government is a party. See Systems of Records, NSF-56, "Antarctic Conservation Act Files," 59 Federal Register 5784 (February 8, 1994). Submission of this information is voluntary. However, failure to provide full and complete information necessary for an eligibility determination may reduce the possibility of receiving a permit.

Public reporting burden for this collection of information is estimated to average one half hour per response, including the time for reviewing instructions. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions to reduce this burden, to the NSF Reports Clearance Officer at c/o the address directly below.

MAIL THIS  
APPLICATION  
TO:

OFFICE OF POLAR PROGRAMS (PERMIT OFFICE)  
NATIONAL SCIENCE FOUNDATION, ROOM 755  
ARLINGTON, VIRGINIA 22230