


**POLICY
MONTANA FISH, WILDLIFE & PARKS
FISHERIES DIVISION**

ISSUED 4/18/96	REVISED
APPROVED BY: Larry Peterman, Fisheries Administrator 	

TITLE: WILD FISH TRANSFER POLICY

SUBJECT: FISH STOCKING

PURPOSE:

This policy has been prepared to ensure that movement of wild fish by Montana Fish, Wildlife and Parks (FWP) personnel is compatible with overall stewardship of Montana's fishery resources.

RELATED STATE STATUTES/ADMINISTRATIVE RULES:

87-5-713

GENERAL:

The procedures associated with this policy are intended to avoid disease transmission, prevent negative impacts on native species distribution and abundance, and protect genetic diversity of established fish populations. This policy, along with its standard operating procedures, will apply to all wild fish transfers (including eggs) within the State by FWP personnel.

POLICY:

Disease Testing

Oversight of FWP's disease testing procedures is the responsibility of the Fish Health Committee and the State Fish Health Biologist. For the purposes of this policy, disease testing will be divided into the categories of salmonid and non-salmonid fish species.

Salmonids – any movement will be preceded by testing as detailed in FWP fish health policy (i.e., sample sizes, no./freq. of tests, etc.) Any requests for exceptions or modifications to established fish health policy will be reviewed on a case-by-case basis by the Fish Health Committee.

Non-salmonids – the need for disease testing prior to movement of non-salmonids will be reviewed on a case-by-case basis. Some important factors will include: (1) any previous history of disease in donor water; (2) presence of salmonids in donor water; and (3) presence of salmonids in receiving water

Genetic Diversity

Proposed wild fish transfers will be evaluated in terms of potential impacts to genetic integrity of existing fish populations. Emphasis will be placed on protecting species of special concern, threatened and endangered species, and native species in general. In instances where genetic testing is required before transfer, such testing should be combined with health testing to minimize collection needs.

Fish Management

Wild fish transfers should be compatible with existing fish management goals and objectives as specified in Division policy, management plans, and other guidelines. On-site and off-site impacts to species of special concern, threatened and endangered species, native species, and established sportfish populations will be considered prior to transfer.

Procedures

The attached form is to be completed and approved prior to any transfer of wild fish by fisheries management personnel. This form is intended to collect necessary information needed to evaluate wild fish transfer proposals in light of the previously described considerations. The form will also ensure that a centralized record of all wild fish transfers is maintained by FWP. A standard stocking ticket should also be prepared for all wild fish transfers and submitted to the Hatchery Bureau Chief.

Transfer proposals which require approval of Fisheries Division Headquarters (e.g. salmonid transfers, transfers crossing regional boundaries, etc.) should be submitted well in advance of the planned transfer date. Depending on type of transfer, disease testing may require 12 to 24 months to complete, as provided by FWP Fish Health Policy. It is the responsibility of applicants to plan accordingly and allow sufficient time for disease testing and review process.

WILD FISH TRANSFER FORM

Montana Fish,
Wildlife & Parks

A wild fish transfer form must be completed for each request to transfer fish from any water in Montana to another water in Montana



Mail completed form to:

Jim Peterson
Montana Fish, Wildlife and Parks
PO Box 2163
Great Falls, MT 59403

Date:

I. Stocking Request

Species:
Number and size to be stocked:
Stocking objective:

Proposed collection method and date:

Will hatchery system equipment be involved in transfer?
_____ YES _____ NO. If yes, describe equipment and hatchery role:

II. Collection site

Name of Water:
Region: County:
Legal description:
Water Code: Drainage:
Fish species composition:

Describe any know disease or parasite concerns:

Have fish been collected and transferred from this water before? Yes___ No___

III. Stocking Site

Name of Water:
Region: County:
Legal Description:
Water Code: Drainage:
Fish species composition:

Describe any known disease or parasite concerns:

Has the proposed species been stalked in this water before? Yes___ No___

IV. Summary of Transfer Type

<u>Species</u>	<u>Salmonids present in donor water?</u>	<u>Salmonids present in receiving water?</u>
___ Salmonid	___ Yes	___ Yes
___ Non-salmonid	___ No	___ No

Are donor and receiving water within the same region?

___ Yes ___ No

Is an EA required ___ Yes ___ No (if yes, attach to form)

Is a health inspection required? (e.g., all salmonids transfers) ___ Yes ___ NO

Will proposed transfer impact any species of special concern of threatened/endangered species?

___ Yes ___ NO

(if yes, describe potential impacts an submit form for Division approval)

V. Approval

Area Biologist: _____

Regional Fisheries Manager: _____

Note: Transfer of non-salmonids within regional boundaries from water without salmonids into water without salmonids does not require approval beyond the Regional Fisheries Manager. All other transfer requests must be approved by the Fisheries Division.

State Fish Health Biologist: _____

Fish Management Bureau Chief: _____

Fisheries Division Administrator: _____

Date Received: _____

WFT No: _____