



STATE OF CONNECTICUT

DEPARTMENT OF AGRICULTURE

BUREAU OF AQUACULTURE & LABORATORY



APPLICATION FOR TOWN RECREATIONAL RELAY (TRANSPLANT) LICENSE

CT LICENSE NO:  Interstate ( ) Intrastate ( )

APPLICANT: (Print name to appear on license) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City, State, Zip Code)

TELEPHONE \_\_\_\_\_  
(Business) (Emergency)

PART I - AREAS FROM WHICH SHELLFISH ARE TAKEN

Table with 4 columns: SPECIES, TOWN, AREA, LOT, OR BED NUMBER, CLASSIFICATION. Two rows of empty input boxes.

PART II - AREAS WHERE SHELLFISH WILL BE PLACED

Table with 4 columns: SPECIES, TOWN, AREA, LOT, OR BED NUMBER, CLASSIFICATION. Two rows of empty input boxes.

EXPECTED RECREATIONAL HARVEST DATE:  (If Transplant is from Restricted Relay area)

How are shellfish to be relayed in waters listed in PART II? (bags, racks, on bottom, etc):

A DA/BA "Aquaculture" license is also required for shellfish not placed directly on bottom.

Special requirements for Transplant from Restricted Relay areas:

- Samples of shellfish must be submitted to DA/BA lab for bacteria analysis (call lab prior to submission) from: 1)Recreational Area background sample prior to transplant, 2) Restricted Relay Area during transplant and 3) Recreational Area(s) after cleansing
• Area must be properly posted "No Shellfishing" and patrolled while in the closed status

License to re-open area after Transplant from restricted Relay areas will not be issued until:

1. Shellfish are subjected to natural cleansing for minimum of 14 days under conditions when the conditionally approved area would normally be "open" to shellfishing. Rainfall or sewage related closure events will require extension of cleansing period.
2. Sample of relayed shellfish must be submitted to DA/BA for bacteriological analysis when natural cleansing period is completed.
3. Recreational licenses and information for harvesters provided (map of conditional area, info phone number, location of status signs, etc.)
4. "No Shellfishing" signs are replaced with conditionally approved signs.
5. Water samples may be required from the Conditional Area prior to reopening.

NOTE: License to reopen Recreational Relay Areas must be obtained from the Connecticut Department of Agriculture/Bureau of Aquaculture prior to opening this area to harvesting.

This license allows the applicant to perform only those actions indicated in Part I through IV - THIS LICENSE DOES NOT EXEMPT THE APPLICANT FROM ANY STATE AND LOCAL LAWS OR ORDINANCES.

PART III. - BOAT IDENTIFICATION: **A recent photograph of each boat must accompany this application.**

1. Name \_\_\_\_\_ Registration No \_\_\_\_\_  
Color \_\_\_\_\_ Size \_\_\_\_\_ Make \_\_\_\_\_  
Marine head with discharge \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Documented \_\_\_\_\_  
Captain \_\_\_\_\_  
Owner/Other Information \_\_\_\_\_

Part IV. - WHEN ANY SHELLFISH IN PART I ARE BROUGHT TO SHORE FOR LAND TRANSPORTATION.  
Land Transportation of shellfish: NO, Not without supervision

1. Name of individual/Company transporting shellfish listed in Part I.  
\_\_\_\_\_
2. Location of Landing/Loading Docks: \_\_\_\_\_
3. Vehicle to be used for transporting \_\_\_\_\_  
(Type, make, color, year)
4. Expected dates of start and completion of the landing/loading operations.  
\_\_\_\_\_  
(Be specific – extensions can be applied for if needed)
5. Destination location of shellfish transported in vehicle noted in # 3.  
\_\_\_\_\_  
(Name of Dock) (Street) (Town) (State)
6. IF SHELLFISH ARE TO BE STORED AT THIS LOCATION (Noted in # 5) RATHER THAN LOADED ON BOAT FOR IMMEDIATE DELIVERY TO WATERS LISTED IN PART II, PLEASE NOTE METHOD AND LENGTH OF STORAGE.  
\_\_\_\_\_  
(Method of Storage) (Expected length of storage)

I declare that I have legal authority to transplant (relay) shellfish from/to areas indicated and that I will conform to all agreed to licensed activities, regulations and statutes. **PLEASE NOTE: Harvesters operating in a Restricted-Relay or Prohibited area must notify DEP at a number provided to them or the DEP Dispatcher at (860) 424-3503.** I understand that any person making written false statement on this application shall be subject to arrest as provided for in Section 53A-157 of the Connecticut General Statutes.

I agree to keep a current copy of my license on all vessels and a boat log for harvest and transplant activities, and agree to make all boat records relating to the harvest and relay of shellfish available for review and copying when necessary by the DA/BA and the DEP Division of Law Enforcement.

Applicant Name (Print) \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Title \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

President/Owner if different from above: \_\_\_\_\_