



STATE OF CONNECTICUT



DEPARTMENT OF AGRICULTURE  
BUREAU OF AQUACULTURE & LABORATORY

APPLICATION FOR SHORT TERM SHELLFISH TRANSPLANT (RELAY) LICENSE 1-A

( ) Interstate ( ) Intrastate

Fourteen (14) Consecutive Day Minimum Purification Period with Water Temperature of ≥ 50°F while area is "open".

CT License No: \_\_\_\_\_

Application Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(Print Name to Appear on License)

Address: \_\_\_\_\_ Fax  
No.: \_\_\_\_\_  
(Street) (City, Zip Code)

Telephone: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Business / Emergency)

PART I – SHELLFISH REMOVED FROM:

Exclusive of Prohibited and Conditionally Restricted-Relay (Closed) Areas

| Shellfish Species | City/Town | Lot/Lease Number | Map design. (Town/State) |
|-------------------|-----------|------------------|--------------------------|
|                   |           |                  |                          |
|                   |           |                  |                          |
|                   |           |                  |                          |

Oysters Purchased from Seed Oyster Licensees: \_\_\_\_\_ No \_\_\_\_\_ YES License Holder \_\_\_\_\_

No oysters may be purchased or harvested from areas classified as Prohibited or Conditionally Restricted-Relay (Closed).

PART II - SHELLFISH RELAYED TO:

| Shellfish Species | City/Town | Lot/Lease Number | Map design. (Town/State) |
|-------------------|-----------|------------------|--------------------------|
|                   |           |                  |                          |
|                   |           |                  |                          |
|                   |           |                  |                          |

Are any shellfish listed in Part I brought to shore: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" please complete Part IV. Approval from DA/BA Required.

Shellfish placed in/on: bags, rafts racks, containers, bottom. (Circle those that apply)

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

Aquaculture Certification No. \_\_\_\_\_

Design and material submitted and approved by DA/BA: \_\_\_\_\_ Yes \_\_\_\_\_ No

PART III. - BOAT IDENTIFICATION:

A recent photograph of each boat must accompany this application.

- 1. Name \_\_\_\_\_ Registration No: \_\_\_\_\_  
 Color: \_\_\_\_\_ Size : \_\_\_\_\_ Make: \_\_\_\_\_  
 Marinehead with discharge: \_\_\_\_\_ Documented No: \_\_\_\_\_  
 Recent Photo Provided: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Captain: \_\_\_\_\_  
 Owner/Other Information: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_ Registration No: \_\_\_\_\_  
 Color: \_\_\_\_\_ Size: \_\_\_\_\_ Make: \_\_\_\_\_  
 Marinehead with discharge: \_\_\_\_\_ Documented No: \_\_\_\_\_  
 Recent Photo Provided: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Captain: \_\_\_\_\_  
 Owner/Other Information: \_\_\_\_\_

Part IV. - WHEN ANY SHELLFISH IN PART I ARE BROUGHT TO SHORE APPROVAL MUST BE OBTAINED.

- 1. Name of individual/Company transporting shellfish listed in Part I. \_\_\_\_\_
- 2. Location of Landing/Unloading dock where shellfish will be taken from harvesting vessels:  
 \_\_\_\_\_  
 (Name of Dock) (Street) (Town) (State) (Zip Code)
- 3. Vehicle to be used for transporting \_\_\_\_\_  
 (Year, Make, Color, Marker #)
- 4. Expected dates of start and completion of the landing/loading operations. \_\_\_\_\_
- 5. Location where shellfish will be transported to: \_\_\_\_\_
- 6. If shellfish are to be stored at this location (noted in # 4) rather than loaded on boat for immediate delivery to racks in waters listed in Part II, please note method and length of storage. \_\_\_\_\_
- 7. SECURITY PROVIDED AND APPROVED BY DA/BA : \_\_\_\_\_

PART V AGREEMENT: 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 operation in a Restricted-Relay or Prohibited area must notify DEP at a number proved to them or the DEP Dispatcher at (860) 424-3503.** I understand that any person making a 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 (DLE). I agree to stake all actively worked grounds.**

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

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