



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

Table with 4 columns: 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:

Table with 4 columns: 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.

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

AQ-36b (Rev. 4/11)

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: | | |
| | Captain: | | |
| | Owner/Other Information: | | |
| 2. | Name: | | Registration No: |
| | Color: | Size: | Make: |
| | Marinehead with discharge: | | Documented No: |
| | Captain: | | Date of Birth: |
| | 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: _____