



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
Bureau of Aquaculture and Laboratory
P.O. Box 97, Milford, CT 06460
Phone: 203-874-0696

Seed License _____
License No. _____
Exp. Date _____
Trans./S.S. License _____
License No. _____
Exp. Date _____
Conch License _____
License No. _____
Exp. Date _____

LICENSE RECORD FORM

Name of Applicant	Mailing Address
Residence Address	Telephone Number & Social Security Number

Boat Identification:

<u>Boat #1</u>	Registration No. _____	Length _____	Color _____
<u>Boat #2</u>	Registration No. _____	Length _____	Color _____
<u>Boat #3</u>	Registration No. _____	Length _____	Color _____
<u>Boat #4</u>	Registration No. _____	Length _____	Color _____

<u>Type of License Applied For:</u>	Fee	<u>Requirements Oysters Being Landed</u>
____ Boat	\$15.00	Red tag or marker with seed number for oysters harvested from Prohibited areas.
____ Personal	\$10.00	
____ Conch	\$50.00	Yellow tag or marker with seed number for oysters harvested from Restricted-Relay areas.

<u>Type of Equipment:</u>	Helpers
____ Rake	_____
____ Tongs	Name, Address, Telephone Number & Social Security Number
____ Dredge	_____
____ Other	Name, Address, Telephone Number & Social Security Number
____ Conch Pots	_____
_____ Number Used	Name, Address, Telephone Number & Social Security Number

MAKE CHECK OR MONEY ORDER PAYABLE TO: COMMISSIONER OF AGRICULTURE

Public Act 82-91 requires that all boats and persons be licensed to work any natural shellfish bed in the State.