



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
Bureau of Aquaculture and Laboratory



APPLICATION FOR PROVISIONAL SHELLFISH DEPURATION LICENSE

CT LICENSE NO: _____

APPLICATION DATE: _____

APPLICANT: _____
 (Print name to appear on license)

ADDRESS: _____
 (Street) (City, State, Zip Code)

TELEPHONE: _____ SOCIAL SECURITY NO: _____
 (business - emergency)

<u>TYPE OF SHELLFISH TO BE DEPURATED</u>	<u>SOURCE</u>

Distributed to: _____
 (Connecticut towns) (Other states)

Address if different from above for records, central or emergency shellfish storage: _____

I agree to conduct shellfish depuration verification studies (SDVS) and send monthly reports as required to the Department of Agriculture, Bureau of Aquaculture.

I agree to process only those described shellfish species taken only from those specified areas approved for such purposes or those market shellfish obtained from licensed dealers appearing on the U.S. FDA Shellfish Shippers List and having satisfactory SDVS.

I agree to attach appropriate tags to all lots of shellfish to be processed, to maintain daily records and to sell those shellfish as per license requirements.

THE FOLLOWING MINIMUM ITEMS ARE REQUIRED TO PROCESS THIS APPLICATION :

DEPT. OF AGRICULTURE USE ONLY

ITEMS:

Attached Does Not
Apply Satif. Unsat.

1. Construction/Layout Plant detailing

A. Site location and adjacent structure
potable water sources and public water
supply lines; sewage disposal systems

B. Plant Layout:

1. Washing, culling, storage, holding
refrigeration, laboratory, office,
locker and processing areas.

2. Floor drains, waste lines, potable
and source water piping; devices to
prevent cross connections.

C. Processing tank layout, size, circu-
lation systems, detail of filtration,
LTV system(s), other related equip-
ment including baskets or cages

2. Refuse and waste handing practices.

3. Standard Operating Procedures (SOP)

4. Plans for Shellfish Depuration
Verification Studies (SDVS) and
shellfish not conforming to
requirements.

I agree to conform to all regulatory, statutory and the National Shellfish Sanitation Program Manuals of Operation I, II requirements pertinent to this operation. 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.

SIGNED BY: _____ TITLE: _____ DATE: _____
President/Owner if different from above: _____

COMPLETE PAGE 3 FOR HARVESTING AND TRANSPORTING SHELLFISH WHEN APPLICABLE.

PART III. - BOAT IDENTIFICATION:

A recent photograph of each boat must accompany this application.

1. Name _____ Registration No _____
 Color _____ Size _____ Make _____
 Marinehead with discharge _____ Yes _____ No _____ Documented _____
 Captain _____
 Owner/Other Information _____

2. Name _____ Registration No _____
 Color _____ Size _____ Make _____
 Marinehead with discharge _____ Yes _____ No _____ Documented _____
 Captain _____
 Owner/Other Information _____

Pad IV. - WHEN ANY SHELLFISH IN PART I ARE BROUGHT TO SHORE FOR LAND TRANSPORTATION.

1. Name of individual/Company transporting shellfish listed in Part I.

2. Location of Landing/Loading Docks.

 (Name of Dock) (Street) (Town) (State)

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. Location of Receiving Point for shellfish transported in Vehicle noted in #4.

 (Name of Dock) (Street) (Town) (State)