



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
Bureau of Aquaculture and Laboratory



APPLICATION FOR SCIENTIFIC/RESOURCE ASSESSMENT LICENSE

CONNECTICUT LICENSE NO. _____ APPLICATION DATE: _____ SOC. SECURITY NO: _____ OR
 FED. IDENTIF. NO: _____

STATEMENT OF PURPOSE: _____

This license is required by municipalities, institutions, companies or individuals involved in assessing shellfish resources, management methods, chemical and bacterial levels, new species or species introduction from other areas, predators, chemical control or enhancement, or other scientific endeavors relative to shellfish.

SHELLFISH REMOVAL FROM SITE:

NO REMOVAL _____ INTERSTATE TRANSPORT _____ INTRASTATE TRANSPORT _____

APPLICANT: _____
 (Print name to appear on license)

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

TELEPHONE: _____
 (business) (emergency)

PART I - AREAS FROM WHICH SHELLFISH ARE TAKEN

SHELLFISH SPECIES	CITY/TOWN	LOCATION OF HARVEST/PURCHASE	QUANTITY	DATE	MAP DESIGNATION

PART II - AREAS WHERE SHELLFISH WILL BE PLACED

SHELLFISH SPECIES	CITY/TOWN	LOCATION	QUANTITY RELOCATED	DATE	MAP DESIGNATION

These shellfish may not be marketed, sold, bartered, consumed or otherwise offered. Shellfish may not be removed from any leased, granted, state or local natural bed without specific agreement from the party of note attached to this application. This license is subject to all federal, state and local laws that may apply.

ARE ANY SHELLFISH LISTED IN PART I. BROUGHT TO SHORE FOR LAND TRANSPORTATION: ___ YES ___ NO IF YES, PLEASE COMPLETE PART IV.

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 _____

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

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

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 operation _____

 (Be specific - extensions can be applied for if needed)

5. Location of Receiving Point for shellfish transported in Vehicle noted # 3. _____

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

6. IF SHELLFISH ARE TO BE STORED AT THIS LOCATION (Noted in #6) RATHER THAN LOADED ON BOAT FOR IMMEDIATE DELIVERY TO WATERS LISTED IN PART II, PLEASE NOTE AREA, METHOD AND LENGTH OF STORAGE. _____

 (Area and Method of Storage) (Expected length of Storage)

7. SECURITY PROVIDED: _____

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. I understand that any person making a written false statement on this application shall be subject to arrest as provided for in Section 5 3A- 1 5 7 of the Connecticut General Statutes.

President/Owner if different from above: _____

Applicant _____

Date of Birth _____ Date _____