



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
Bureau of Aquaculture and 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 degrees F or more while area is "open".

Connecticut License No: _____ Application Date: _____

Applicant: _____
 (Print Name to Appear on License)

Address: _____
 (Street) (City, State, 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Oysters Purchased from Seed Oyster Licensees: ___ Yes ___ No

No Oysters may be Purchased or Harvested from Areas Classified Prohibited or Conditionally Restricted-Relay (Closed).

PART II - SHELLFISH RELAYED TO:

Shellfish Species	City/Town	Lot/Lease Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If "Yes," please complete Part IV.

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

Design and material submitted and approved by DA/13A: ___ Yes ___ No

PART III. - BOAT IDENTIFICATION:

A recent photograph of each boat must accompany this application.

1. Name _____ Registration No _____
 Color _____ Size _____ Make _____
 Marine head with discharge _____ Yes _____ No Documented _____
 Captain _____ Date of Birth: _____
 Owner/Other Information _____

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

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

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 #3. _____

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

6. IF SHELLFISH ARE TO BE STORED AT THIS LOCATION (Noted in #5) 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 53A-157 of the Connecticut General Statutes.

President/Owner if different from above: _____

Applicant _____ Date of Birth: _____

Date: _____