



STATE OF CONNECTICUT



DEPARTMENT OF AGRICULTURE
BUREAU OF AQUACULTURE & LABORATORY

APPLICATION FOR LICENSE TO HARVEST SEED OYSTERS

Application is herewith made for license to harvest ONLY seed oysters from all Connecticut natural beds and closed shellfishing areas.

Seed Oyster Buyer: (Signature of buyer and company represented. These may be amended upon request.)

- 1. Requirements Oysters being Landed
Red tag or marker with seed number for oysters harvested from Prohibited areas.
2.
3. Yellow tag or marker with seed number for Oysters harvested from Restricted-Relay area.

IDENTIFICATION OF BOATS AND MOTOR VEHICLES USED IN OPERATION

(These may be amended by phoning the Bureau of Aquaculture- 203-874-0696)

Boat #1 MAKE OF BOAT COLOR LENGTH REGISTRATION NO. OWNER'S NAME ADDRESS PHONE DATE OF BIRTH
Boat #2 MAKE OF BOAT COLOR LENGTH REGISTRATION NO. OWNER'S NAME ADDRESS PHONE DATE OF BIRTH
VEHICLE: MAKE OF CAR OR TRUCK YEAR MARKER NO. SIZE OF TRUCK OWNER'S NAME PHONE ADDRESS

I intend to receive seed oysters from other seed oyster harvesters and make final sale to the buyer: YES NO

This application is made in accordance with the provisions of the Connecticut Public Health Code and General Statute Section 26-192h and the terms of the license issued. I, the undersigned, agree that shellfish harvested will be sold to the above individual(s) or firm(s) for transplanting and not for consumption. The Connecticut General Statutes allows towns to establish additional laws and ordinances. I understand I must abide by all local laws and ordinances and report to the local enforcement authority prior to commencement of work.

I agree to provide the visible "S" number boat identification as prescribed and to show my valid license on request to enforcement agents. I will immediately notify the Connecticut Department of Agriculture-Bureau of Aquaculture of any changes in above information.

PRINT NAME SOCIAL SECURITY NO. ADDRESS PHONE

I certify that the information contained herein is true and understand that making a false statement is punishable in accordance with Section 53a-157 of the General Statutes of Connecticut.

SIGNATURE DATE "S" NUMBER: DATE OF BIRTH