



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.

- \* A current copy of your license must be kept on your vessel(s).
  - \* As part of the U.S. FDA/ISSC compliance program the Department of Agriculture and Environmental Protection Law Enforcement Division has established a telephone reporting system for operations conducting activities in "closed" areas.
- Harvesting in Prohibited and Restricted-Relay areas must be called in to the DEP Dispatcher at 860-424-3503.

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: \_\_\_\_\_  
Owner/Other Information: \_\_\_\_\_

2. Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_  
Color: \_\_\_\_\_ Size: \_\_\_\_\_ Make: \_\_\_\_\_  
Marine head 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 I:  
\_\_\_\_\_
2. Location of Landing/Loading Docks: \_\_\_\_\_
3. Vehicle to be used for transporting: \_\_\_\_\_  
(Type, make, color, year)
4. Destination location of shellfish transported: \_\_\_\_\_
5. Storage of shellfish:  
\_\_\_\_\_  
(Method of storage) (Expected length of storage)
6. Describe security provided: \_\_\_\_\_  
\_\_\_\_\_

PART V. AGREEMENT: I agree to keep a current copy of my license in all vessels. 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 and **when operating in Restricted or Prohibited Areas, to notify DEP at a number to be provided.** 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.

**PLEASE ATTACH WRITTEN PERMISSION FROM LOCAL SHELLFISH COMMISSION.**

President/Owner if different from above: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_