



STATE OF CONNECTICUT



DEPARTMENT OF AGRICULTURE  
BUREAU OF AQUACULTURE & LABORATORY

**APPLICATION FOR SHELLSTOCK SHIPPER 1 LICENSE**  
**SHELLFISHING – PRIVATE LOTS/LEASES**

CT License No: \_\_\_\_\_

Application Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(Print Name to Appear on License)

Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
(Street) (City, Zip Code)

Telephone: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Business / Emergency)

**Kind of Shellfish (circle): Oysters, hard shell clams, ALL other species require approval by DA/BA**

<u>SHELLFISH SPECIES</u>	<u>CITY/TOWN</u>	<u>LOT/LEASE NUMBER</u>	<u>MAP DESIGNATION (Town/State)</u>

Distributed to: \_\_\_\_\_  
(Connecticut Towns) (Other States)

I agree to harvest shellfish only from the above described "Approved" or "Conditionally Approved-Open" (confirm status before harvesting) shellfishing areas, to attach tags to all lots of shellfish harvested or purchased for resale and to maintain daily records of shellfish harvested, locations, to whom sold, and pertinent dates for a period of one year.

I understand where the "Prohibited" and "Restricted" shellfishing areas are located and will not harvest shellfish from those areas nor from "Conditionally Approved-Closed" areas without the proper license. I understand I may be subject to legal action if I do so.

I agree to keep a original license on all vessels and a boat log for harvest and transplant activities, and agree to make all boat records relating to the harvest and relay of shellfish available for review and copying when necessary by the DA/BA and the DEP Division of Law Enforcement (DLE). I agree to stake all actively worked grounds.

I agree to abide by the conditions and standards in accordance with the NSSP-MO and FDA- HACCP.

I agree to conform to all regulatory and statutory requirements pertinent to this operation (Connecticut General Statues 26-192C). 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 Statues.

NAME OF APPLICANT (Print): \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

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

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

**IMPORTANT** – If this is application for renewal, ONE of your tags must be attached.

P.O. Box 97, 190 Rogers Avenue, Milford, CT 06460  
Phone: 203-874-0696 Fax: 203-783-9976  
*An Affirmative Action/Equal Opportunity Employer*

**Complete Reverse Side**

TYPE OF CAR/TRUCK TO BE USED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Year, Make, Model, Color, Marker #)

**BOAT IDENTIFICATION:**

A recent photograph of each boat must accompany this application.

- |    |                             |                  |
|----|-----------------------------|------------------|
| 1. | Name                        | Registration No: |
|    | Color                       | Make:            |
|    | Marine head with discharge: | Documented No:   |
|    | Recent Photo Provided:      | Size:            |
|    | Captain:                    |                  |
|    | Owner/Other Information:    |                  |
| 2. | Name:                       | Registration No: |
|    | Color:                      | Make:            |
|    | Marine head with discharge: | Documented No:   |
|    | Captain:                    | Date of Birth:   |
|    | Owner/Other Information:    | Size:            |
| 3. | Name:                       | Registration No: |
|    | Color:                      | Make:            |
|    | Marine head with discharge: | Documented No:   |
|    | Captain:                    | Date of Birth:   |
|    | Owner/Other Information:    | Size:            |

**OTHER SHELLFISH SPECIFIC REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_