



STATE OF CONNECTICUT
 DEPARTMENT OF AGRICULTURE
 BUREAU OF AQUACULTURE & LABORATORY



AQ-68 (Rev. 1/01/2010)

APPLICATION TO REOPEN TOWN RELAY AREA(S) FOR
 RECREATIONAL SHELLFISHING

License No: _____ Town: _____

Applicant: _____
 (Print name to appear on certificate)

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

Telephone: _____
 (business) (emergency)

Kind of shellfish: Oysters, Soft Clams, Hard Clams, Mussels (circle)

Areas where relayed shellfish are to be harvested (describe areas)

I certify that the shellfish relay operations for the above area ceased on _____, and that the shellfish have remained on these grounds for at least 14 consecutive days with a water temperature of 50°F or greater.

I certify that a shellfish meat sample pre-relay and post-relay has been submitted to the laboratory.

I agree to conform to all requirements of the Connecticut General Statutes and the National Shellfish Sanitation Program Model Ordinance and 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.

APPLICANT SIGNATURE: _____ TITLE: _____
 DATE: _____
 Date of Birth: _____

NOTE: The harvesting of shellfish from any areas not approved for the taking of shellfish by the Connecticut Department of Agriculture, Bureau of Aquaculture renders the violator subject to prosecution under the