

**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF FISHERIES AND GAME DIVISION OF MARINE FISHERIES
PRIVATE AQUACULTURE AND/OR MUNICIPAL PROPAGATION SUPPLEMENTAL APPLICATION
FORM
2012**

1. Name/Municipality: Last _____ First _____ M.I. _____
 Mailing Address _____
 City/Town _____ State _____ Zip Code _____
 Home Telephone _____ Cell Phone _____
 E-Mail Address _____
 Business Name (dba) _____
 Business Address _____
 City/Town _____ State _____ Zip Code _____
 Business Phone _____
 State Commercial Shellfish Permit # _____

2. Location of aquaculture license site(s) (grants)
 City/Town _____ Water Body _____ # of Acres _____
 Municipality License Site # _____ Site location _____

ENDORSEMENTS

A.. Growout Activities: Please check all that apply

a. Do you intend to purchase seed shellfish? Yes _____ No _____

b. What species are currently present on site? _____

c. List each species, amount and source you intend to purchase (hatchery, private grower, other sources etc) .

Species	Amount	Source	
		Name	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d Intended planting dates _____

e How will these shellfish be conveyed from the point of origin to the licensed site?

Boat _____ Vehicle _____ Mail _____ Private Carrier _____

Vehicle	Make & Model	Registration	Color
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Intend to use upweller or flupsy to grow seed? Land based Upweller _____
Flupsy(floating) _____

1.) Type: Flupsy: Floating/attached where? License site _____
Alternate Town Licensed Site _____
Location of Alternate Town Licensed site _____

2.) Land based Upweller: Location: _____
Address _____

3.) Water source for landbased upweller, if not located on license site _____

C. Culling:

1.) Intend to cull seed shellfish away from licensed aquaculture site? Yes ___ No ___

2.) Address of culling site (s)

(Name and address of each residence is required, no PO Boxes)

_____ residence: _____

_____ business: _____

_____ Other: _____

D. Sale of Shellfish

a. Intend to sell legal sized shellfish to a licensed wholesale dealer ? Yes ___ No ___
if so, what species? _____

b. Intend to sell seed to other growers or municipalities in Mass?. Yes ___ No ___
if so, what species? _____

c. Intend to sell seed to growers outside of Mass? Yes ___ No ___
if so, what species? _____

d. Intend to sell sub-legal shellfish for consumption? Yes ___ No ___
if so, what species? _____

E. Off Site Over wintering:

1.) Intend to over winter oysters? Yes ___ No ___

2.) Intend to over winter other species? Yes ___ No ___
if so, what species? _____

2.) Location of over wintering activities;(Name and address is required, No PO Boxes)

3.)

Name	Address
_____	_____
_____	_____
_____	_____

4.) Describe method of over wintering:
_____ Pit; _____ cooler, _____ other, describe _____

F. Spat Collection:

a. Intend to collect seed by spat collection methods (i.e. Chinese hats, steamer tents, netting, cultch) . Yes ___ No ___

b. On the license site? Yes ___ No ___

c. Off the license site? Yes ___ No ___

Species	Method	Where off the License site
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Other Information

Other activities:

- 1.) Intend to conduct other activities? If so, please describe in detail on a separate piece of paper.

- 2. Have you been convicted of any violation of the laws or regulations relating to marine fisheries within one (1) calendar year preceding the date of the application?

Yes _____ No _____

(if yes, please state date and reason)

I AM AQUAINTED WITH THE RULES AND REGULATIONS PERTAINING TO THE USE OF THIS PERMIT AND AGREE TO COMPLY THEREWITH AND WILL NOTIFY THE DIRECTOR OF MARINE FISHERIES OR THE SHELLFISH SANITATION AND MANAGEMENT PROGRAM BIOLOGISTS IMMEDIATELY OF ANY CHANGES.

ALL INFORMATION FURNISHED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST MY KNOWLEDGE

FAILURE TO COMPLETE INFORMATION CORRECTLY MAY RESULT IN THE APPLICATION BEING RETURNED.

Signature of Applicant _____ **Date** _____

*******FORWARD WHITE RENEWAL FORM OR SPECIAL APPLICATION FORM (pink form), PRIVATE AQUACULTURE AND/OR MUNICIPAL PROPAGATION SUPPLEMENTAL APPLICATION AND PRIVATE SHELLFISH AQUACULTURE REPORT ALONG WITH A \$10.00 CHECK OR MONEY ORDER PAYABLE TO COMMONWEALTH OF MASSACHUSETTS (MUNICIPALITIES ARE FEE EXEMPT), AND MAIL TO :**

**Division of Marine Fisheries
1213 Purchase St.
New Bedford, MA. 02740
Att: Jerry Moles**

Telephone inquiries: 508 990-2860, ext 129 Jerry Moles