



Department of Marine Resources

Application for Importation, Introduction and/or Relay of Shellfish into Maine Coastal Waters

*Important! Most importation requests must be accompanied by a shellfish health inspection report.
Please consult with DMR prior to completing inspection screening on the animals to be imported.*

Send completed applications to:
1) Marcy Nelson, DMR, PO Box 8, West Boothbay Harbor, ME 04575 or fax: (207) 633-9579 **AND**
2) Deborah Bouchard at: UM Coop. Extension, AVS, 5735 Hitchner Hall, Orono, ME 04469-5735 or fax:(207)581-4430
To allow time for processing, please submit applications 30 days prior to the requested date of transfer.

PLEASE TYPE OR PRINT

Date of Request: _____

Type of Transfer (Check): Broodstock: Seed: Relay: Other: _____

If you are importing Broodstock, will it be returned to the Hatchery/Origin following spawning? (Check)

Yes: No:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ FAX: _____ email: _____

Species: _____ Age/Size: _____

Lot Number: _____ Strain: _____ Quantity: _____

Origin (aquaculture leases, include "Site ID"): _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Destination (aquaculture leases, include "Site ID"): _____

Contact: _____

Address: _____



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City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Transfer Dates: Begin: _____ End: _____

Please describe the nature and purpose of your requested activity (attach a separate sheet if needed): _____

I understand that all shipments of shellfish transported from the facility must be tagged with my name, the company's name and address and date. *(initial)* _____

I understand that a copy of a current approved transfer permit for the lot being transferred must accompany all shipments of shellfish transported from the facility: *(initial)* _____

I understand that no live shellfish or gametes may be imported into the State of Maine without written permission of the Commissioner of DMR. *(initial)* _____

I understand that the facility licensee must keep invoices for all shipments of fish sold or purchased and must make them available for inspection by the Commissioner or his authorized agent: *(initial)* _____

Signed _____ Date: _____

***Attach Shellfish Health Inspection Reports indicating inspection in accordance with Maine 12 M.R.S.A. 6071Chapt 24.05.**

*** If applying for a permit to import or introduce shellfish for use as broodstock, please provide a description of the quarantine procedure to be used and the most recent facility inspection report.**

Department Use Only	
Shellfish Import/Introduction Permit Number:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Effective period:	_____
Comments/Conditions:	_____ _____
Signature of approving person:	_____ Date: _____