

DEPARTMENT OF MARINE RESOURCES  
Shellfish Sanitation Program  
P.O. Box 8, 194 McKown Point Road  
W. Boothbay Harbor, ME 04575  
Telephone: (207) 633-9500  
Fax: (207) 633-9579

**2012 / 2013 Application for Shellfish Certification**

Certification #: ME \_\_\_\_\_ Date: \_\_\_\_\_

**Certification Class:**

Reshipper (RS) \_\_\_\_; Shellstock Shipper (SS) \_\_\_\_; Shucker Packer (SP) \_\_\_\_;  
Depuration (DP) \_\_\_\_; Limited Shellfish Wholesaler (CSW) \_\_\_\_

Renewal? \_\_\_\_ New Applicant? \_\_\_\_ Wholesale Seafood License #: \_\_\_\_\_ OR  
Maine Resident?: Yes/No Limited Shellfish Wholesaler License #: \_\_\_\_\_

Name on DMR license: \_\_\_\_\_

**Mailing Address:**

Business: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home: \_\_\_\_\_  
Exact Location of Facility: \_\_\_\_\_ County: \_\_\_\_\_

**Contact Information:**

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Fax #: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name(s) of Contact Person(s) \_\_\_\_\_

\*\*\*\*\*  
**Water Supply: Public** \_\_\_\_ **Private** \_\_\_\_ **Well?** \_\_\_\_ **Treatment System(s)** \_\_\_\_\_  
**If private supply, date of last test** \_\_\_\_\_ **Test No.** \_\_\_\_\_

**As part of your annual certification application, DMR Regulation Chapter 15.05 (B)(1)(e) requires a complete disclosure of any history of marine resource violations, whether federal or state, of the owner, agents, managers, or officers. Please list any violations:**

\_\_\_\_\_  
**Applicant's Signature**

**For Office Use Only**

**Recommendation:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

**SEAFOOD TECHNOLOGIST:** \_\_\_\_\_ **DATE INSPECTED:** / /200\_\_

**Approved / Denied** \_\_\_\_\_ **Shellfish Sanitation Officer** \_\_\_\_\_ **Date :** / /

**Comments:** \_\_\_\_\_