REQUEST FOR A BULK SEED PERMIT: 4VAC20-1230-10, et seq., "Pertaining to Restrictions on Shellfish"

Date:_____MRC ID: _____

Name:_____Oyster Product Owner Permit#:_____

Address:_____

City/State/Zip:_____

E-Mail Address:_____

Area of Harvest:_____

Method of Transport:_____

Offloading Point:_____

Method of Transport:_____

Offloading Point:_____

Area of Planting:_____

_____
Signature/Date

(Area of Harvesting and Planting should include the water body, area description, and if applicable, lease #'s.)