

APPLICATION FOR PERMIT TO UNDERTAKE
CONTAINERIZED RELAY OF HARD CLAMS AND OYSTERS

Name/Firm/Corporation _____
Address _____
City/State//Zip Code _____
Phone Number _____

Request permit for the season from February 1 to November 1, _____.

Please fully complete this application form

1. Do you/your firm/your corporation meet and agree to abide by the criteria set forth in 28.2-801 of the Code of Virginia, Regulation 4VAC 20-310-10 ET, SEQ. of the Virginia Marine Resources Commission and Part I, National Shellfish Sanitation Program Manual of Operations and "Shellfish Shipper with Wet Storage" requirements as outlined in Part II, National Shellfish Sanitation Manual? _____

2. Have you/your firm/your corporation previously been licensed to engage in clam and/or oyster relay activities? _____
If so, give the most recent year you/your firm/your corporation was licensed: _____

3. A. What volume of clams do you expect to handle, on average, per day? _____
B. What volume of oysters do you expect to handle, on average, per day? _____

CONTAINER

4. Describe the container to be used in relay activities. Enclose diagram(s) and/or photo(s).

Dimensions

Container: Length _____
Width _____
Height _____
Mesh Size Shape _____

Legs/Skids: Length _____
Width _____
Height _____

Construction Material

Container: _____

Leg/Skids _____

5. How will the container be marked at the 6" fill line?

DEPLOYMENT

6. Describe the location of the deployment area. Enclose a map showing the specific location to be used and that location in relation to the shoreline.

County _____

Water body _____

Location within water body (as detailed as possible)

Area (acres) _____

Are the grounds to be used within health department approved growing areas?

Yes _____ No _____

7. Is the deployment area contained in grounds leased by you/your firm/your corporation?

If yes, give lease numbers _____

If no, is the deployment area or any part thereof contained in grounds leased by other parties? _____

If yes, name of lease holder _____, also lease numbers

_____ and attach copies of all applicable sublease agreements.

8. If known, describe the bottom consistency of the deployment area (shell, mud, sand, etc.).

9. Describe the vessel (s) to be used in container deployment. _____

I declare that this information is true and correct to the best of my knowledge:

Signature of Permittee

Health Department Approved _____
Agent Date

VMRC Approved _____
Agent Date