



STATE OF CONNECTICUT

DEPARTMENT OF AGRICULTURE
BUREAU OF AQUACULTURE & LABORATORY



AQ-Seaweed Producer

APPLICATION FOR AQUACULTURE SEAWEED PRODUCER LICENSE
SEA VEGETABLE INTENDED USE

Applicant's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

DHHS/FDA FOOD FACILITY REGISTRATION NUMBER: \_\_\_\_\_

http://www.fda.gov/Food/GuidanceRegulation/FoodFacilityRegistration/default.htm

Location of aquaculture facility/operation or lot number/Town: \_\_\_\_\_

Classification of Waters used for Food Production: [ ] Approved [ ] Conditionally Approved

Species \_\_\_\_\_

Fertilizer/Type and Ingredients: \_\_\_\_\_

Source (Company and Location) \_\_\_\_\_

Importation of seaweed seed/stocks: [ ] YES [ ] NO

Source (Company and Location) \_\_\_\_\_

Chemical Additives/Therapeutants/Pharmaceuticals: [ ] YES [ ] NO

List Names: \_\_\_\_\_

Type of Water Treatment (physical/chemical) describe: \_\_\_\_\_

Product/Crop Disposition: [ ] Raw [ ] Blanched [ ] Dried [ ] Frozen [ ] Other: \_\_\_\_\_

Location of Processing (describe): \_\_\_\_\_

Water Source to be Used for Processing/Washing: [ ] Public water supply [ ] Private well

Product/Crop Use: [ ] Processor [ ] Wholesale [ ] Retail [ ] Restaurant [ ] Broker/Agent [ ] Other \_\_\_\_\_

P.O. Box 97, 190 Rogers Avenue, Milford, CT 06460

Phone: 203-874-0696 Fax: 203-783-9976

An Affirmative Action/Equal Opportunity Employer

Please List ALL Purchasers of Product (Include City and State): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit with Application:**

- Process document and flow chart**
- Fertilizer/Type and Ingredients (copy or photo of label)**
- Well water test results (must be tested twice yearly-does not apply to public water supply)**
- Detailed Facility Diagram/Plan/Schematic (for land-based facilities)**
- Seafood HACCP Certification**
- HACCP Plan for Seaweed Production and/or Processing**
- Standard Operating Procedures (SOP) and/or Best Management Practices (BMP) for Seaweed Production**
- Recall Plan**
- Example of Label/Tag/Identification for Seaweed Product**
- Department of Consumer Protection Food Manufacturing Establishment (FME) License (for Processed product)**

Submit Application, and Attachments to:

David H. Carey, Director  
Connecticut State Department of Agriculture  
Bureau of Aquaculture and Laboratory  
P.O. Box 97  
Milford, CT 06460  
Phone: (203) 874-0696 – Fax (203) 783-9976