



**STATE OF CONNECTICUT**  
**DEPARTMENT OF AGRICULTURE**  
**Bureau of Aquaculture and Laboratory**



APPLICATION FOR SHELLSTOCK SHIPPER II LICENSE (SHELLFISHING - PUBLIC AREAS)

CONNECTICUT LICENSE NO: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
 (Print name to appear on license)

ADDRESS: \_\_\_\_\_  
 (Street) (City, State, Zip Code)

TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
 (Business) (Emergency)

Kind of Shellfish: Oysters, Softshell Clams, Hardshell Clams, Mussels, (circle)  
 Other: \_\_\_\_\_

Towns and areas where shellfish are to be harvested (Describe area)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Distributed to: \_\_\_\_\_  
 (Connecticut Town) (Other States)

I agree to harvest shellfish only from the above described "Approved" or "Conditionally Approved-Open" (Confirm status before harvesting) shellfishing areas, to attach tags to all lots of shellfish harvested or purchased for resale and to maintain daily records of shellfish harvested, locations to whom sold and pertinent dates.

I understand where the "Prohibited" and "Restricted" shellfishing areas are located and will not harvest shellfish from those areas nor from "Conditionally Approved-Closed" areas without the proper license. I understand I may be subject to legal action if I do so.

I agree to conform to all regulatory and statutory requirements pertinent to this operation. I understand that any person making a written false statement on this application shall be subject to arrest as provided for in Section A-157 of the Connecticut General Statutes.

SIGNED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**IMPORTANT** - If this is application for renewal, ONE of your tags must be attached.

Fees outstanding for State leases, licenses, renewals and staking \_\_\_\_\_ Yes \_\_\_\_\_ No

TYPE OF CAR/TRUCK TO BE USED: \_\_\_\_\_  
(type, make, color & year of vehicle)

MARKER NO: \_\_\_\_\_

OWNER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ENCLOSED STORAGE AREA: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF BOAT: \_\_\_\_\_ REGISTRATION NO: \_\_\_\_\_

COLOR \_\_\_\_\_ SIZE \_\_\_\_\_ MAKE \_\_\_\_\_

RECENT PHOTO PROVIDED \_\_\_\_\_ YES \_\_\_\_\_ NO

MARINEHEAD WITH DISCHARGE \_\_\_\_\_ YES \_\_\_\_\_ NO DOCUMENTED: \_\_\_\_\_

CAPTAIN OF VESSEL \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OWNER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OTHER PERTINENT INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONFIRMATION BY LOCAL DIRECTORS OF HEALTH HAVING JURISDICTION OVER THE AREAS LISTED FOR SHELLFISH HARVESTING.

The applicant has been interviewed by me with regard to the approved areas indicated on this application and has demonstrated a knowledge of shellfishing laws, handling practices and the location of any Conditionally Approved-Closed, Restricted or Prohibited areas as well as the location of designated shellfish beds.

\_\_\_\_\_  
(NAME) (CITY/TOWN)

\_\_\_\_\_  
(NAME) (CITY/TOWN)

\_\_\_\_\_  
(NAME) (CITY/TOWN)

\_\_\_\_\_  
(NAME) (CITY/TOWN)