



CONNECTICUT DEPARTMENT OF AGRICULTURE BUREAU OF AQUACULTURE

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

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Affirmative Action/Equal Employment Opportunity Employer



APPLICATION FOR TOWN RECREATIONAL RELAY (TRANSPLANT) LICENSE

CT LICENSE NO: Interstate () Intrastate ()

APPLICANT: (Print name to appear on license) _____

ADDRESS: _____
(Street) (City, State, Zip Code)

TELEPHONE _____
(Business) (Emergency)

PART I – AREAS FROM WHICH SHELLFISH ARE TAKEN

<u>SPECIES</u>	<u>TOWN</u>	<u>AREA, LOT, OR BED NUMBER</u>	<u>CLASSIFICATION</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART II – AREAS WHERE SHELLFISH WILL BE PLACED

<u>SPECIES</u>	<u>TOWN</u>	<u>AREA, LOT, OR BED NUMBER</u>	<u>CLASSIFICATION</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expected Date Start Relay _____ End Relay Date _____

***If relaying from an OPEN Conditionally Approved or Approved area, the recreational area does not need to be closed.**

***If relaying from a CLOSED Conditionally Approved area or Restricted Relay area (not certified for direct harvest), the recreational area MUST be closed for a minimum of two weeks – see additional information on page 2.**

***The DoAg will not approve relay applications from Prohibited or CLOSED Conditionally Restricted Relay areas, as this would require closing the recreational area for a minimum of 6 months.**

EXPECTED RECREATIONAL HARVEST DATE: (If Transplant is from Restricted Relay area)

How are shellfish to be relayed in waters listed in PART II? (bags, racks, on bottom, etc):

***All gear must be previously approved through the Joint Agency Application to Conduct Marine Aquaculture in Connecticut.**

PART III - BOAT IDENTIFICATION: A recent photograph of each boat must accompany this application.

Name _____ Registration No _____

Color _____ Size _____ Make _____

Marine head with discharge _____ Yes _____ No _____ Documented _____

Captain _____

Owner/Other Information _____

Part IV - WHEN ANY SHELLFISH IN PART I ARE BROUGHT TO SHORE FOR LAND TRANSPORTATION.

Name of individual/Company transporting shellfish listed in Part I: _____

Location of Landing/Loading Docks: _____

Vehicle to be used for transporting: _____
(Type, make, color, year)

Expected dates of start and completion of the landing/loading operations: _____
(Be specific – extensions can be applied for if needed)

Destination location of shellfish transported in vehicle:

(Name of Dock) (Street) (Town) (State)

IF SHELLFISH ARE TO BE STORED AT THIS LOCATION RATHER THAN LOADED ON BOAT FOR IMMEDIATE DELIVERY TO WATERS LISTED IN PART II:

(Method of Storage) (Expected length of storage)

Special requirements for Transplant from Restricted Relay areas:

- **The DoAg Bureau of Aquaculture shall determine the appropriate cleansing period. The recreational area shall be closed during this time period, and the area must be properly posted “No Shellfishing” and patrolled while in the closed status.**
- **A minimum of 15 shellfish/sample must be submitted to the DoAg Bureau of Aquaculture lab for bacteria analysis after the cleaning period (call lab prior to submission).**

License to re-open area after Transplant from Restricted Relay areas will not be issued until:

- **Shellfish are subjected to natural cleansing for minimum of 14 days when water temperatures are above 50°F. The relay shall occur under conditions when the Conditionally Approved area would normally be “open” to shellfishing. Rainfall or sewage related closure events will require extension of cleansing period.**
- **Sample of relayed shellfish must be submitted to DoAg for bacteriological analysis when natural cleansing period, as determined by DoAg, is completed.**
- **Water samples may be required from the Conditionally Approved area prior to reopening.**
- **The Town has applied for and received a license to reopen the area: [Application to Reopen Town Relay Areas for Recreational Shellfishing](#). This license allows the applicant to perform only those actions indicated in Part I through IV - THIS LICENSE DOES NOT EXEMPT THE APPLICANT FROM ANY STATE AND LOCAL LAWS OR ORDINANCES.**

I declare that I have legal authority to transplant (relay) shellfish from/to areas indicated and that I will conform to all agreed to licensed activities, regulations and statutes. **PLEASE NOTE: Harvesters operating in a Restricted-Relay or Prohibited area must notify DEEP at a number provided to them or the DEEP Dispatcher at (860) 424-3503).** I understand that any person making written false statement on this application shall be subject to arrest as provided for in Section 53A-157 of the Connecticut General Statutes. I agree to keep a current copy of my license on all vessels and a boat log for harvest and transplant activities, and agree to make all boat records relating to the harvest and relay of shellfish available for review and copying when necessary by the DoAg and the DEEP Division of Law Enforcement.

Applicant Name (Print) _____ Applicant Signature _____

Title _____ Date: _____ Date of Birth: _____

President/Owner if different from above: _____