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## HOW TO SUBMIT AN ELICENSE APPLICATION FOR SCIENTIFIC RESOURCE ASSESSMENT

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Department of Agriculture, Bureau of Aquaculture



DECEMBER 5, 2022

## Background

State of Connecticut regulatory statute designates the Department of Agriculture Bureau of Aquaculture as the authority on shellfish. The Bureau requires that any entity (government, educational, private/industry) involved in assessing shellfish resources/populations or conducting studies/experiments requiring the removal or importation of molluscan shellfish complete this eLicense application prior to the project start. The license will be issued for a set period of time based on the proposed study.

### Shellfish Importation Policy:

- **Northern quahog:** The Bureau of Aquaculture will not allow the importation of clams from south of New Jersey.
- **Eastern oyster:** The Bureau of Aquaculture does not allow the importation of oysters, with the exception of hatchery stock from Rhode Island and Massachusetts, or stock from New York and Long Island Sound.
- **Bay scallops:** The Bureau of Aquaculture does not allow the importation of scallops from outside of Long Island Sound.

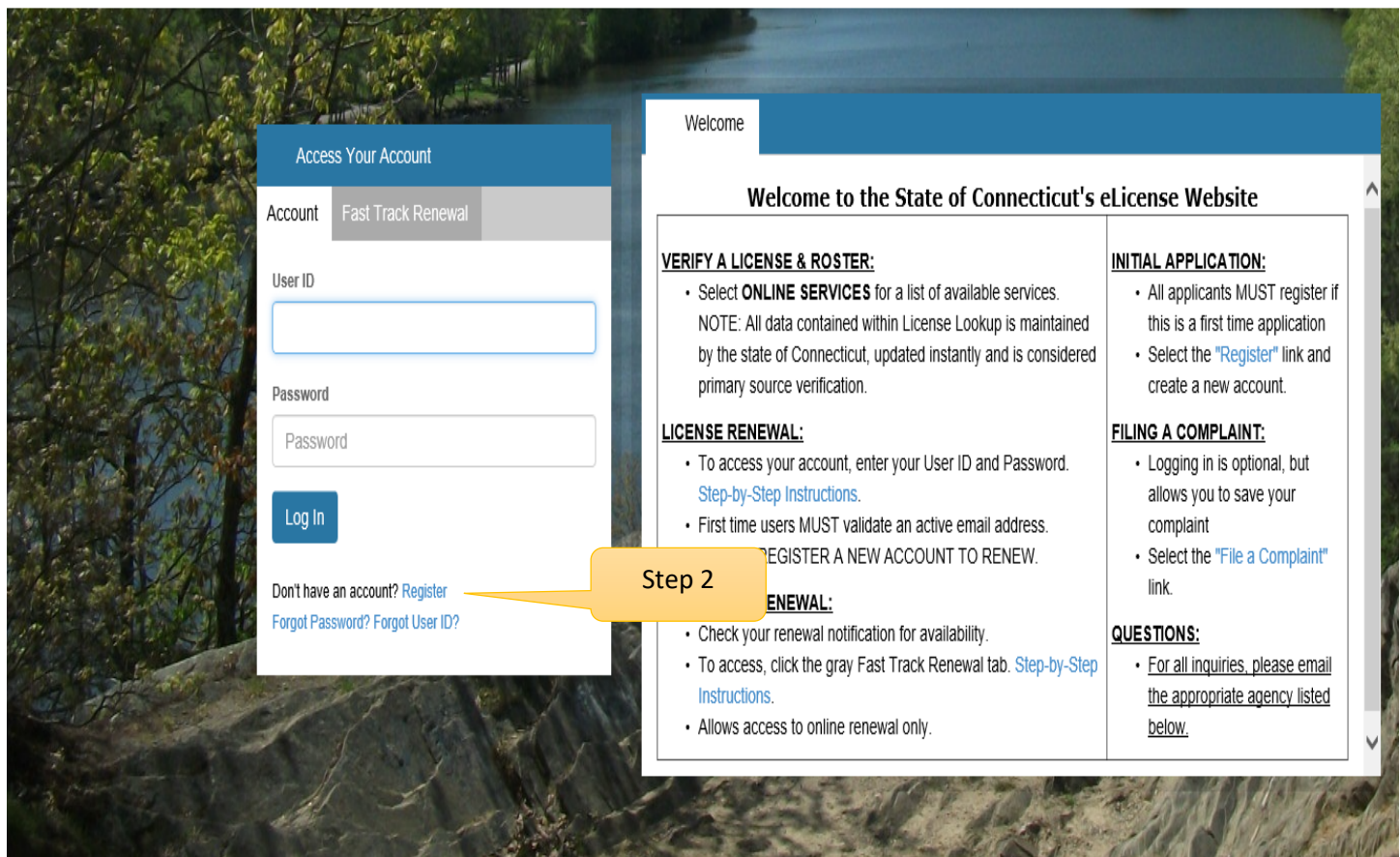
### Prior to any shellfish importation:

- The source must be approved by the state shellfish pathologist at the Bureau of Aquaculture.
- A scientific resource assessment license must be obtained from Bureau of Aquaculture.
- The applicant must arrange with Bureau of Aquaculture for a sample of live animals to be tested (this may take up to 3 weeks) or provide satisfactory pathology results demonstrating that the shellfish to be imported are free of diseases.
- The source of product is not guaranteed to be approved, and should be a consideration in any project plans.

### Risks associated with importing shellfish:

- Larvae, seed, and adult shellfish can harbor pathogenic, toxic, or non-native organisms.
- Shellfish diseases can spread to native populations, or can be transferred by reproduction.
- Imported shellfish can contain the phytoplankton that cause harmful algal blooms (HABs) which can impact fish, shellfish, and human health.
- Larvae of non-native species (ex: crabs, tunicates) can be transported with shellfish and lead to predation and biofouling.

**Step 1:** Type [www.elicense.ct.gov](https://www.elicense.ct.gov) on the command line of your browser.



**Step 2:** Click on the Register button

New users of the eLicense system must register by creating a user name and password that will be used for all licensing pertaining to this business. Click on the Register button and follow the instructions.

**IF YOU ALREADY HAVE AN ELICENSE ACCOUNT FOR A DIFFERENT LICENSE, SKIP TO STEP 5.**

**Step 3: Always Register as a “Business”**

Remember to have your email available to confirm that you are registering.

Register new Account

- Individual
- Business

Step 3

**Note: Register as the Individual or Business to whom the credential will be issued.**

**\*\*PLEASE READ\*\***

- You will **not** be able to reinstate, renew or access information for an existing license if you register a new account.
- You must use the User ID and Password linked to that account.
- Please contact the issuing agency below to request your User ID and Password.

**Has the Individual or Business ever had any prior Licensing interaction(s) with any of the following State agencies:**

- **Department of Public Health**
- **Department of Consumer Protection**
- **Department of Agriculture**
- **Department of Developmental Services**
- **Office of Early Childhood**
- **Office of the State Fire Marshal**

- Yes
- No

Next

Cancel

Please enter all the information on this page to create the account. The ID and Password will be use every time you want to access the eLicense applications.

### Account Information

\* denotes required fields

\*User ID

\*Email

\*Password

We will use this email address to contact you.

Confirm Password

### Personal Information

Business Name

Click here when public address is the same as mailing address

### Public Address

Attention

Address

City

State

Country

Zip

Phone Number

Cell Phone

### Mailing Address

Same as Public Address

Attention

Address

City

State

Country

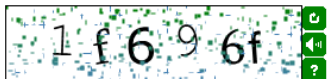
Zip

Phone Number

Cell Phone

### Captcha Verification

Please note that this code is case sensitive.



Enter Code\*

Enter all the characters on the left into the enter code box. Use upper and lower case alphanumeric. This field is case sensitive.

Create Account

Click Create Account

User Account

In order to validate your account we have sent you a verification email to the address listed below. You must access your email account and click on the link provided. Once clicked you will be returned to your account and provided access.

There is currently 1 issue with your account. Please resolve it before going further.

Your email address has not been verified. If you have not yet received an email to do this, please follow the instructions below.

<b>User ID:</b>	FVGFarm13	<a href="#">Change User ID</a>
<b>E-mail:</b>	<p>Your account or new email address has not yet been verified. You have been sent a verification email by the system to your email address of record. You may have to check your SPAM filter. Click on the link provided in the email. Once clicked you will be returned to your account and provided access.</p> <p>If you have not yet received the email, you may click the below button labeled "Generate E-mail" and a new one will be sent to you. Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email.</p> <p><a href="#">Generate E-mail</a></p>	<a href="#">Change Email</a>
<b>Password:</b>	<a href="#">Change Password</a>	

Step 4:

Logon on to your email and look for an email from [donotreplylicense2@po.state.ct.us](mailto:donotreplylicense2@po.state.ct.us). Open it and click on the link.

Reply Reply All Forward

donotreplylicense2@po.state.ct.us | Email Verification

Dear Happy Fruits and Veggie Farm,

This message is intended to verify the email address on file for you in the State of Connecticut's eLicensing website and to allow you to use the other online functionality.

To complete the process, please click the hyperlink below if it appears in your email program. If it does not appear as a hyperlink please read the instructions below.

[Click here](#)

Step 4

If a hyperlink does not appear above, then please copy the following text into your web browser's address bar (all the text below must be put in as a single line with no spaces)

You are now in the eLicense system and are ready to start the **Scientific Resource Assessment** application.

**Step 5 - Click on the ONLINE Services button**

Welcome, Happy Fruits and Veggie Farm    Logout

CT.gov | STATE OF CONNECTICUT

HOME    MY ACCOUNT    ONLINE SERVICES ▾

Step 5

**Welcome**    Contact Information    Credential Information    Supervision    My Complaints

**You are Logged on to the State of Connecticut's eLicense Website**

**ONLINE RENEWAL:** To renew your license, permit or registration online, select **"RENEWAL"** under **"Online Services."**

See links below for step-by-step renewal instructions:  
[User Id and Password Instructions](#)  
[Fast Track Renewal Instructions](#)

**APPLICATION FOR A NEW LICENSE, PERMIT OR REGISTRATION:** Online applications are for new applicants ONLY. If you are seeking to reinstate or renew, please contact the appropriate agency below for further information.

To apply for a new license, permit or registration online, please follow the instructions below:  
1. From **"Online Services"**, select **"INITIAL APPLICATION"** under **"Activities"** to begin.  
2. Select the appropriate application and follow instructions. Please note, not all application types are available to be completed online.  
Note: All applications must be reviewed and approved by the appropriate agency.

**QUESTIONS:** For all inquiries, please email the appropriate agency listed below.

## Step 6: Click on Initial Application.

The screenshot shows a web browser window with the URL 'ct.gov'. The page header includes a welcome message 'Welcome, Happy Fruits and Veggie Farm' and a 'Logout' link. A shopping cart icon shows '\$0.00 Checkout'. The main navigation menu includes 'HOME', 'MY ACCOUNT', and 'ONLINE SERVICES'. The 'ONLINE SERVICES' dropdown menu is open, showing three categories: 'Activities', 'License Lookup & Download', and 'Account'. Under 'Activities', the 'Initial Application' link is highlighted with a yellow callout box labeled 'Step 6'. Below the navigation menu, there is a section titled 'ONLINE RENEWAL' with instructions on how to renew a license online. It includes links for 'User Id and Password Instructions' and 'Fast Track Renewal Instructions'. Below that, there is a section titled 'APPLICATION FOR A NEW LICENSE, PERMIT OR REGISTRATION' with instructions on how to apply for a new license online. It includes a list of steps and a note that all applications must be reviewed and approved by the appropriate agency. Finally, there is a section titled 'QUESTIONS' with instructions on how to contact the appropriate agency for inquiries.

Welcome, Happy Fruits and Veggie Farm [Logout](#) \$0.00 [Checkout](#)

[ct.gov](#) | STATE OF CONNECTICUT [HOME](#) [MY ACCOUNT](#) [ONLINE SERVICES](#) ▾

**Activities**  
[Initial Application](#) **Step 6**  
[File a Complaint](#)

**License Lookup & Download**  
[Lookup a License](#)  
[Generate Roster\(s\)](#)

**Account**  
[Account Details](#)

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Note: All applications must be reviewed and approved by the appropriate agency.

**QUESTIONS:** For all inquiries, please email the appropriate agency listed below.



## Step 7: Find Agriculture in the list below and Click on it

Welcome, Happy Fruits and Veggie Farm [Logout](#)

 \$0.00 [Checkout](#)











 | STATE OF CONNECTICUT

[HOME](#) [MY ACCOUNT](#) [ONLINE SERVICES](#) ▾

Apply for new license

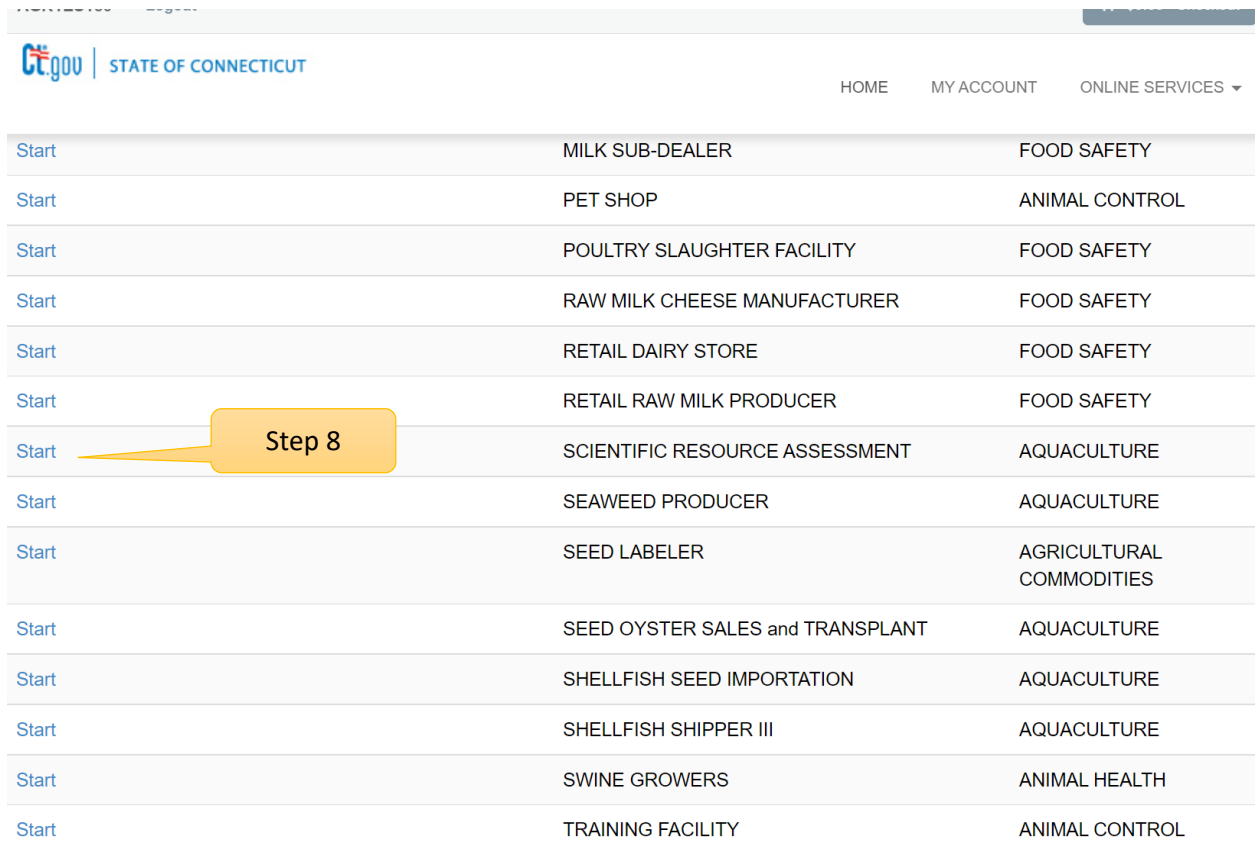
**Below are all current License/Certification types available for online application.**

Please expand a category to view the available types,  
then select **"Start"** for the License/Certification you wish to apply from the list:

- All 
- Public Health Practitioners 
- Drug Control 
- Medical Marijuana 
- Environmental Health Practitioners 
- Home Contractors 
- Agriculture  
- Amusement Permits 
- Bedding Permits 
- Charities & Solicitation 

**Step 8: Click on the Start button to start the application process.**

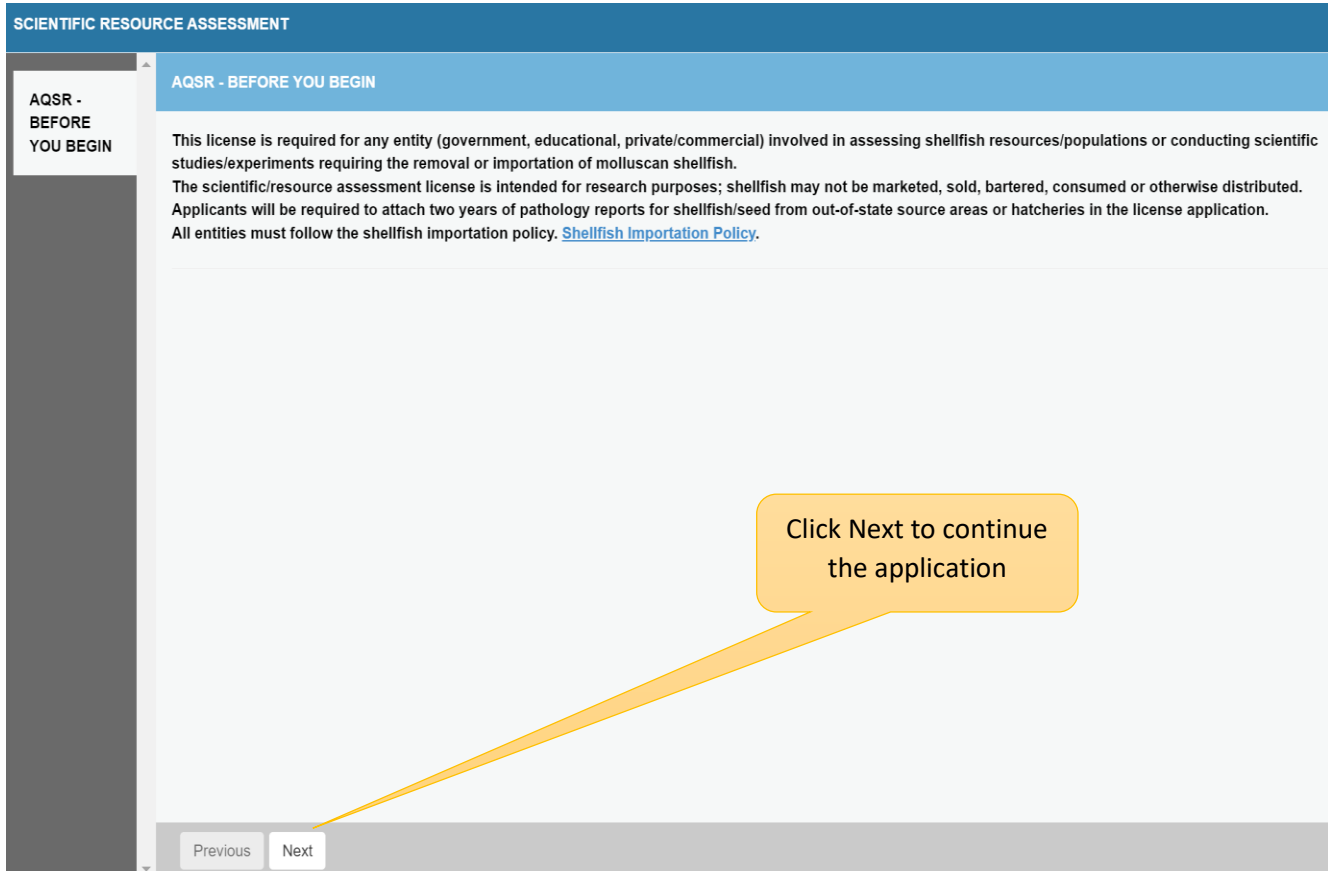
By selecting Scientific Resource Assessment application, the user will be guided through a series of questions.



Start		
Start	MILK SUB-DEALER	FOOD SAFETY
Start	PET SHOP	ANIMAL CONTROL
Start	POULTRY SLAUGHTER FACILITY	FOOD SAFETY
Start	RAW MILK CHEESE MANUFACTURER	FOOD SAFETY
Start	RETAIL DAIRY STORE	FOOD SAFETY
Start	RETAIL RAW MILK PRODUCER	FOOD SAFETY
Start	SCIENTIFIC RESOURCE ASSESSMENT	AQUACULTURE
Start	SEAWEED PRODUCER	AQUACULTURE
Start	SEED LABELER	AGRICULTURAL COMMODITIES
Start	SEED OYSTER SALES and TRANSPLANT	AQUACULTURE
Start	SHELLFISH SEED IMPORTATION	AQUACULTURE
Start	SHELLFISH SHIPPER III	AQUACULTURE
Start	SWINE GROWERS	ANIMAL HEALTH
Start	TRAINING FACILITY	ANIMAL CONTROL

The application process has begun...

## AQSR – Read the “Before you begin” section



The screenshot shows a web application interface for the Scientific Resource Assessment (SRA) process. At the top, a dark blue header reads "SCIENTIFIC RESOURCE ASSESSMENT". Below this, a light blue sub-header reads "AQSR - BEFORE YOU BEGIN". On the left side, there is a vertical navigation menu with the text "AQSR - BEFORE YOU BEGIN". The main content area contains the following text:

This license is required for any entity (government, educational, private/commercial) involved in assessing shellfish resources/populations or conducting scientific studies/experiments requiring the removal or importation of molluscan shellfish.

The scientific/resource assessment license is intended for research purposes; shellfish may not be marketed, sold, bartered, consumed or otherwise distributed. Applicants will be required to attach two years of pathology reports for shellfish/seed from out-of-state source areas or hatcheries in the license application. All entities must follow the shellfish importation policy. [Shellfish Importation Policy](#).

At the bottom of the screen, there are two buttons: "Previous" and "Next". A yellow callout box with a pointer to the "Next" button contains the text: "Click Next to continue the application".

Click on the Next button at the bottom of the screen to move to the next screen.

**Purpose Statement: Explain the purpose of your resource assessment or study for the license.**

**SOURCE ASSESSMENT**

**AQSR - PURPOSE**

Fields marked with an asterisk \* are required.

1. Purpose:

\*

Click Next to continue the application

Previous Next

Start

**Applicant Information:**

All questions must be answered before you can move to the next page.

The red \* before the question identifies the field as mandatory.

**SOURCE ASSESSMENT**

**AGR - AQ - Applicant Info**

Fields marked with an asterisk \* are required.

**2. Applicant Name:**

\*

**3. Applicant Email:**

\*

**4. Applicant Address:**

\*

**5. Applicant Telephone:**

\*

**6. Emergency Telephone Number:**

\*

Previous Next

Click Next to continue the application

Bedding Permits

All questions must be answered before you can move to the next page.

The red \* before the question identifies the field as mandatory.

RESOURCE ASSESSMENT

AGR - AQ - Type of Ownership

Fields marked with an asterisk \* are required.

7. Select the type of ownership for Applicant business:

\*

Use the arrow to select your ownership from the list

Previous Next

Click Next to continue the application

Click the Next button at the bottom of the screen to continue.

**Organization Type:**

The type of organization will determine which business screen is presented to the user.

There are separate screens for Corporations, Partnerships, LLC/LLPs, Sole Proprietors, Government Entity and Education Agency.

**SOURCE ASSESSMENT**

**AGR - AQ - Education Agency**

**Fields marked with an asterisk \* are required.**

**34. Educational Agency Name:**

\*

**35. AGR - AQ - Educational Agency Address (street, city, state, zip code)**

\*

**36. Educational Agency Contact:**

\*

**37. Educational Agency Contact Email:**

\*

Previous Next

Click Next to continue the application

**AQSR- Transport – Select all that apply:**

**SOURCE ASSESSMENT**

**AQSR - TRANSPORT**

Fields marked with an asterisk \* are required.

38. CHECK ALL THAT APPLY:

\*  INTERSTATE TRANSPORT  INTRASTATE TRANSPORT  NO REMOVAL

Select all that apply

Previous

Next

Click Next to continue  
the application



**Shellfish Importation – You can add up to two shellfish species for importation requests.**

**SOURCE ASSESSMENT**

Fields marked with an asterisk \* are required.

39. Shellfish Importation Species:  
\*  Use the drop down arrow to select your species from the list

40. Shellfish Importation Source:  
\*

41. Shellfish Importation City/Town:  
\*

42. Shellfish Importation Quantity:  
\*

43. Shellfish Importation Date:  
\*  (MM/DD/YYYY) Today

44. Intended Use:  
\*  FIELD  LABORATORY (CLOSED SYSTEM)  LABORATORY (FLOW-THROUGH)

45. ADDITIONAL INFORMATION:  
\*

46. Do you have another to report:  
\*  Yes  No Click on the Yes button to add more importation information

Previous Next Click Next to continue the application

54. Pathology Reports: (2 Years)

No document(s) uploaded for this question.

Select a document to upload:

Choose File No file chosen

File types accepted: pdf

Upload Document

You will need to upload these files from your computer

Previous

Next

Click Next to continue the application

If you intend to remove shellfish from an area in Connecticut, record the information here:

RESOURCE ASSESSMENT

AQSR - PART II: SHELLFISH REMOVAL OR RESOURCE ASSESSMENT - TAKEN - 1

Fields marked with an asterisk \* are required.

55. Shellfish Species:

\*

Use the down arrow to select the type of shellfish species

56. City/Town:

\*

57. Location of Harvest/Purchase:

\*

58. Quantity:

\*

59. Removal Date:

\*

  (MM/DD/YYYY) Today

Click on link: [Aquaculture Mapping Atlas](#).

60. Select One:

\*

Click on the Yes button to add more shellfish removal information

61. Do you have another to report:

Yes  No

Previous

Next

Click Next to continue the application

Use this template to record where shellfish will be placed. You can add up to 4 locations:

### AQSR - PART II: SHELLFISH REMOVAL OR RESOURCE ASSESSMENT - PLACED - 1

Fields marked with an asterisk \* are required.

82. Shellfish Species:

\*

83. City/Town:

\*

84. Where location where shellfish will be placed:

\*

85. Quantity Relocated:

\*

86. Place Date:

\*

  (MM/DD/YYYY) [Today](#)

Click on link: [Aquaculture Mapping Atlas](#).

87. Select One:

\*

88. Do you have another to report:

\*  Yes  No

Click on the Yes button to add more shellfish placed information

Previous

Next

Click Next to continue the application

If boat(s) will be used for the study, select yes below:

#### AQSR - BOATS USED

Fields marked with an asterisk \* are required.

109. Boat Used:

\*  Yes  No

Click on the Yes or No

Previous

Next

Click Next to continue the application

Add boat information here. You can add another boat by clicking on 'yes' below.

**AQSR - PART III: BOAT IDENTIFICATION - 1**

Fields marked with an asterisk \* are required.

110. Boat Name:  
\*

111. Boat Registration:  
\*

112. Boat Color:  
\*

113. Boat Size:  
\*

114. Boat Make:  
\*

115. Marine Head:  
\*  Yes  No

116. Documented:  
\*

117. Captain Name:  
\*

118. Owner/Other Information:  
\*

119. Do you have another to report:  
\*  Yes  No

You can add another boat by clicking on 'yes'

Click Next to continue the application

If you will be transporting shellfish on a vehicle, enter holding and transportation information here:

**AQ - PART IV: SHELLFISH BROUGHT TO SHORE FOR LAND TRANSPORTATION**

Fields marked with an asterisk \* are required.

129. Land Transport Company:

\*

130. Land Transport Location:

\*

131. Land Transport Vehicle:

\*

132. Land Transport Destination Location:

\*

133. Storage of shellfish (Method of Storage Transportation):

\*

134. Expected Length of Transport:

\*

Previous

Next

Click Next to continue the application

If your study requires written permission from a shellfish company, shellfish commission, or other entity, please upload the written permission file (as a pdf) here:

**AQ - PART V - WRITTEN PERMISSION**

**Fields marked with an asterisk \* are required.**

**135. Written Permission:**

**No document(s) uploaded for this question.**

**Select a document to upload:**

No file chosen

\* File types accepted: pdf

Click Next to continue the application



You must complete the agreement page.

**SOURCE ASSESSMENT**

**AGR - AQ - Agreement**

**136. AGREEMENT:**  
I agree to keep a current copy of my license in all vessels or on my person.  
I will conform to licensed activities, regulations and statutes. This license is subject to all federal, state and local laws that may apply.  
I agree to call DEEP Dispatch ((860)-424-3503) every day that I am harvesting in Prohibited and Restricted Relay areas.  
I agree to use shellfish for the intended research purposes. Shellfish may not be marketed, sold, bartered, consumed or otherwise distributed.  
Shellfish may not be removed from any leased, granted, state or local natural bed without specific agreement from the party of note attached to this application.  
I understand that any person making a 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 all statements above:

Yes  No

**137. President/Owner Name:**

**138. Date of Birth:**

(MM/DD/YYYY) Today

**139. Agreement Date:**

2022-12-07

Previous Next

Click Next to continue the application

There is no fee for this license. Remember to click on the finish button at the bottom of this screen, which will submit the application for the Bureau's to review.

**SOURCE ASSESSMENT** [Close] [Refresh]

Review [Print Review]

**Fees**

Total Fees: \$0.00

**AQSR - BEFORE YOU BEGIN**

**AQSR - PURPOSE**

1. Purpose:

This license is required by municipalities, institutions, companies or individuals involved in assessing shellfish resources, management methods, chemical and bacterial levels, new species or species introduction from other areas, predators, chemical control or enhancement, or other scientific endeavors relative to shellfish.

**AGR - AQ - Applicant Info**

2. Applicant Name:  
Joe Smith

3. Applicant Email:  
JS@gamil.com

4. Applicant Address:  
200 Main St Milford, CT

5. Applicant Telephone:

**SOURCE ASSESSMENT** [Close] [Refresh]

**AQ - PART V - WRITTEN PERMISSION**

135. Written Permission:  
[Written permissions Request letter.pdf](#)

**AGR - AQ - Agreement**

136. AGREEMENT:  
I agree to keep a current copy of my license in all vessels or on my person.  
I will conform to licensed activities, regulations and statutes. This license is subject to all federal, state and local laws that may apply.  
I agree to call DEEP Dispatch ((860)-424-3503) every day that I am harvesting in Prohibited and Restricted Relay areas.  
I agree to use shellfish for the intended research purposes. Shellfish may not be marketed, sold, bartered, consumed or otherwise distributed.  
Shellfish may not be removed from any leased, granted, state or local natural bed without specific agreement from the party of note attached to this application.  
I understand that any person making a 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 all statements above:

Yes

137. President/Owner Name:  
xxx

138. Date of Birth:

Previous Finish [Close and Save]

Click Finish to submit application

Once you see this page your application has been submitted. You will be notified by email if your application has been approved or more information is needed.

Payment Receipt

[Print Receipt](#)

State of Connecticut  
Invoice Transaction Summary  
Online Licensing, Credentials, and Certifications

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Date: 12/7/2022

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AGRTEST50

**Transaction Complete.**

Please print a copy for your records from the button above.

Description	Amount
Application - SCIENTIFIC RESOURCE ASSESSMENT	\$0.00