

## HOW TO USE ELICENSE FOR SEED OYSTER SELLERS AND TRANSPLANTERS (AQSO)

Department of Agriculture



SEPTEMBER 20, 2022

### Background

The Department of Agriculture has committed to moving all licenses into the electronic system. In order to simplify the electronic license application, the Bureau of Aquaculture has eliminated the separate applications and licenses for seed captains, helpers, and boats.

This newly created online Seed Oyster Seller and/or Transplanter license application eliminates duplicate entries and has been reformatted acknowledging that the majority of licenses issued are for individuals working under a company or individual. Each <u>company</u> must submit a completed application, including <u>ALL</u> captains, helpers, and boats.

Please follow these instructions, and have all of the necessary information you will need to enter the captains, helpers, and boats prior the starting the application:

- Boat Name, CT Reg. or US DOC #, Length, Color, Boat Location Marina Name, Boat Location Marina Town
- The captains and helpers require the same information: First and Last Name, Employee ID, Address (Street), Address (City), Address (State), Address (Zip Code), and Telephone Number

If the company owner will be a captain or helper during the seed license season, you must list yourself as such and pay the associated fee in order to work on the vessel.

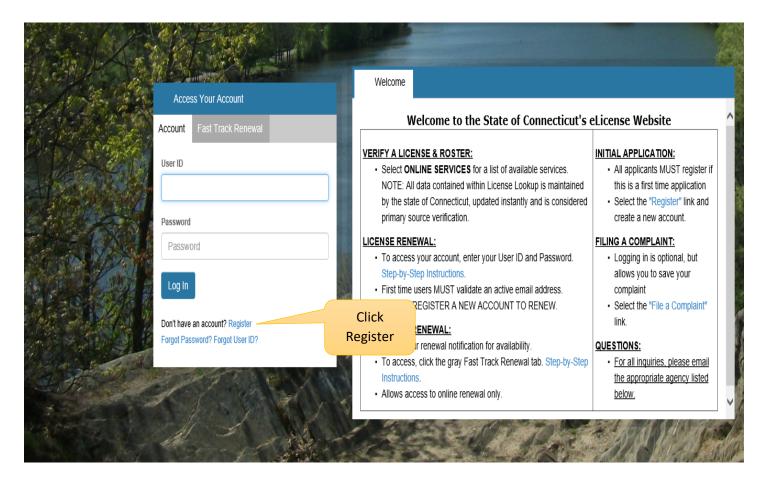
If you are a Seed Seller, you will be required to upload a signed Seed Seller/Buyer Agreement form directly into the eLicense system. You will not be permitted to submit the application until you have uploaded the form. The form can be downloaded at: Agreement-Seed-Oyster-Buyer-Signature-fillable.pdf (ct.gov).

You can save and return to the application at any time, but it will not be submitted to the Bureau of Aquaculture until you complete the application in its entirety and attest and submit it.

#### Type <u>www.elicense.ct.gov</u> on the command line of your browser.

| https://www.elicense.ct.gov/   | •                            | Search |
|--------------------------------|------------------------------|--------|
| icense Online 🛛 🗙 📑            |                              |        |
| Edit View Favorites Tools Help |                              |        |
|                                | Login Register               |        |
|                                | Ctopu   State of Connecticut |        |

HOME MY ACCOUNT ONLINE SERVICES -



#### **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.

#### Always Register as a "Business"

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



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

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

- You <u>will **not**</u> 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



Next Cancel

Please enter all the information on the next page to create the account. The ID and Password will be used every time you want to access the eLicense application.

| Login | Register |
|-------|----------|
|-------|----------|

## Ctgou | STATE OF CONNECTICUT

HOME MY ACCOUNT ONLINE SERVICES -

#### Registration

| 'User ID Create Online User ID   'Ernall Enter Ental Addees   'Personal Enter Password   Continn Password Re-enter password   Personal Information Click here when public address is the same as mailing address   Business Name Business Name   Public Address Malling Address   Public Address Istention   Attention Aftr.   City Enter Address   Enter Address Enter Address   Enter Address Enter Address   City Enter City   State Connecticat   VinTED STATES Zip   Phone Number Enter Zip   Zip Enter Zip   Phone Number Enter Address   Cat Phone Enter Address   Enter Address Enter Address   Enter Ad  | Account Infor                               | mation                 |                            |               |                       | * denotes required fields |
|---|---|------------------------|----------------------------|---------------|-----------------------|---------------------------|
| "Email Enter Email Address     "Password Enter Password     Confirm Password Re-enter password     Personal Information Click here when public address is the same as mailing address     Public Address Mailing Address     Public Address Mailing Address     Attention Afn.     Address Enter Address     City Enter Address     City Enter Address        County UNITED STATES     County UNITED STATES        County UNITED STATES        Phone Number Enter Address           Password Enter Address         County UNITED STATES           Phone Number Enter Address              County UNITED STATES   Zip Enter Zip   Zip Enter Zip <th></th> <th>*User ID</th> <th>Create Online User ID</th> <th></th> <th></th> <th></th>   |   | *User ID               | Create Online User ID      |               |                       |                           |
| Passwort Enter Passwort   Continue Passwort Re-enter passwort   Personal Information Click here when public address is the same as mailing address   Business Name Business Name   Public Address Mailing Address   Attention Attention   City Enter Address   City Enter City   State Country   UNITED STATES Country   Zip Enter Address   City Enter Address   City Enter Address   Zip Enter Address   Zip Enter Address   City Enter Address   City Enter Address  <   | *Email Enter Email Address                  |                        |                            |               | )                     |                           |
| Personal Information   Business Name   Business Name   Business Name   Business Name   Public Address   Attention   Atte.   Attention   Atte.   Address   Enter City   State   Connecticut   V   State   Connecticut   V   Enter Zip   Phone Number   Enter Mobile Number   Cell Phone   Enter Mobile Number   Cell Phone   Enter Mobile Number   Cell Phone   Enter Mobile Number  | *Password Enter Password                    |                        |                            | contact you.  |                       |                           |
| Personal Information   Business Name   Business Name   Business Name   Business Name   Public Address   Attention   Atte.   Attention   Atte.   Address   Enter City   State   Connecticut   V   State   Connecticut   V   Enter Zip   Phone Number   Enter Mobile Number   Cell Phone   Enter Mobile Number   Cell Phone   Enter Mobile Number   Cell Phone   Enter Mobile Number  |   |                        |                            |               |                       |                           |
| Business Name     Business Name     Same as mailing address       Public Address     Mailing Address     Same as Public Address       Attention     Attr.     Attention     Attr.       Address     Enter Address     Enter Address     Enter Address       City     Enter Address     Enter Address     Enter Address       City     Enter City     City     Enter City       State     Connecticut     Image: Connecticut     Image: Connecticut       Country     UNITED STATES     Image: Connecticut     Image: Connecticut       Zip     Enter Zip     Zip     Enter Zip       Phone Number     Enter Phone Number     Enter Phone Number     Enter Mobile Number       Cell Phone     Enter Mobile Number     Cell Phone     Enter Mobile Number   |   | Confirm Password       | Re-enter password          |               |                       |                           |
| Dustries Name     Dustries Name       Public Address     Mailing Address       Attention     Attn.       Address     Enter Address       Enter Address     Enter Address       Enter Address     Enter Address       City     Enter Address       City     Enter City       State     Connecticut       V     VITED STATES       Country     UNITED STATES       Zip     Enter Zip       Phone Number     Enter Phone Number       Cit Phone     Enter Phone Number       Cat Phone     Enter Address   | Personal Information                        |                        |                            |               |                       |                           |
| Attention Attn.   Attention Attn.   Address Enter Address   Enter Address Enter Address   Enter Address Enter Address   City Enter Address   City Enter City   State Connecticut   V State   Country UNITED STATES   Zip Enter Zip   Phone Number Enter Address   City Enter Zip   Zip Enter Zip   Phone Number Enter Address   Call Phone Enter Mobile Number   Call Phone Enter Mobile Number   |   | Business Name          | Business Name              |               | same as mailing addre | ess                       |
| Address Enter Address   Enter Address Enter Address   City Enter City   State Connecticut   V State   Country UNITED STATES   Zip Enter Zip   Phone Number Enter Phone Number   Cell Phone Enter Mobile Number   Cell Phone Enter Mobile Number   Captcha Verification  | Public Addres                               | SS                     |                            | Mailing Addre | ess                   | Same as Public Address    |
| Enter Address Enter Address   City Enter City   State Connecticut   V State   Country UNTED STATES   Zip Enter Zip   Phone Number Enter Phone Number   Cell Phone Enter Mobile Number   Cell Phone Enter Mobile Number  | Attention                                   | Attn.                  |                            | Attention     | Attn.                 |                           |
| City Enter City   State Connecticut   V State   Country UNITED STATES   Zip Enter Zip   Phone Number Enter Phone Number   Cell Phone Enter Mobile Number   Cell Phone Enter Mobile Number   Please note that this code is case sensitive.  Enter Code*  | Address                                     | Enter Address          |                            | Address       | Enter Address         |                           |
| State       Connecticut       Image: State       Connecticut       Image: State       Connecticut       Image: State       Country       UNITED STATES       Image: State       Image: State<   |   | Enter Address          |                            |               | Enter Address         |                           |
| Country       UNITED STATES       Country       UNITED STATES       Image: Country       UNITED STATES       Image: Country       UNITED STATES       Image: Country       UNITED STATES       Image: Country       Image: Country       UNITED STATES       Image: Country       Image: CountryImage: Country       Image: Country       Image: CountryImage: Countr | City  | Enter City             |                            | City          | Enter City            |                           |
| Zip       Enter Zip       Zip       Enter Zip         Phone Number       Enter Phone Number       Enter Phone Number         Cell Phone       Enter Mobile Number       Cell Phone         Captcha Verification       Cell Phone       Enter Mobile Number  | State                                       | Connecticut            | V                          | State         | Connecticut           | V                         |
| Zip       Enter Zip       Zip       Enter Zip         Phone Number       Enter Phone Number       Enter Phone Number         Cell Phone       Enter Mobile Number       Cell Phone         Captcha Verification       Cell Phone       Enter Mobile Number  |   |                        |                            |               |                       |                           |
| Phone Number     Enter Phone Number       Cell Phone     Enter Mobile Number       Cell Phone     Enter Mobile Number       Captcha Verification  | Country                                     | UNITED STATES          | Y                          | Country       | UNITED STATES         | <b>v</b>                  |
| Cell Phone     Enter Mobile Number       Captcha Verification       Please note that this code is case sensitive.   | Zip   | Enter Zip              |                            | Zip           | Enter Zip             |                           |
| Captcha Verification Please note that this code is case sensitive. Enter Code   | Phone Number                                | Enter Phone Numbe      | r                          | Phone Number  | Enter Phone Number    |                           |
| Please note that this code is case sensitive.   | Cell Phone                                  | Enter Mobile Numbe     | r                          | Cell Phone    | Enter Mobile Number   |                           |
| Please note that this code is case sensitive.   | Captcha Ve                                  | rification             |                            |               |                       |                           |
|   | Please note that this                       | code is case sensitive | 2.                         |               |                       |                           |
| Enter code captcha  | 14-14<br>1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |                        | Enter Co                   | ode*          |                       |                           |
|   | ⊥ f 6                                       | 9 6f 🛛                 | Enter                      | code captcha  |                       |                           |
|   | <u>89 - 181.(36</u>                         |                        |                            |               |                       |                           |
|   |   |                        |                            |               |                       |                           |
| Enter all the characters on the left into the enter code box.   |   | and lower case         | e alphanumeric. This field | is case       |                       |                           |
| Use upper and lower case alphanumeric. This field is case   | sensitive.                                  |                        |                            |               |                       |                           |
|   |   |                        |                            |               |                       |                           |
| Use upper and lower case alphanumeric. This field is case   |   |                        |                            |               |                       |                           |
| Use upper and lower case alphanumeric. This field is case sensitive.  |   |                        |                            | (             | Click Create Account  |                           |

| Welcome, Happ        | Fruits and Veggie Farm Logout   |                   |                          | 🐂 \$0.00 Checkout        |
|----------------------|---|-------------------|--------------------------|--------------------------|
| <b>Ст.</b> доо   st/ | TE OF CONNECTICUT   | HOME              | MY ACCOUNT 1             | ONLINE SERVICES -        |
| User Acco            | unt   |                   |                          |                          |
| will be returned     | te your account we have sent you a verification email to the address listed below. You must access your o your account and provided access. | r email account a | nd click on the link pro | ovided. Once clicked you |
|                      | olve it before going further.<br>ddress has not been verified. If you have not yet received an email to do this, please follow the in:      | structions below  | <b>v</b> .               |                          |
|                      |   |                   |                          |                          |
| User ID:             | FVGFarm13   |                   |                          | Change User ID           |
| E-mail:              | Your account or new email address has not yet been verified.  |                   |                          | Change Email             |

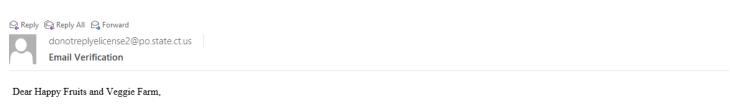
Logon on to your email and look for an email from <u>donotreplyelicense2@po.state.ct.us</u>. Check your "junk" folder if you

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

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.

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.

do not see the email. Open it and click on the link.



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

email.

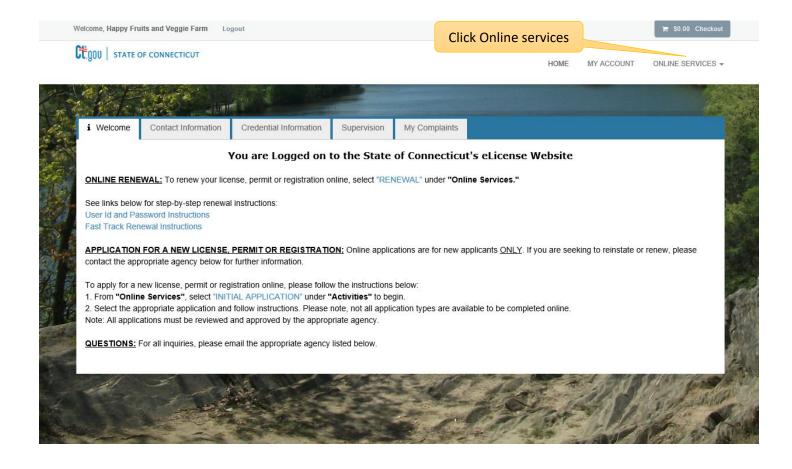
Password:

Generate E-mail Change Password

Click here

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 Seed Oyster Seller and Transplanter application. Click on the ONLINE Services button



## Click on the Initial Application.

| elcome, Happy Fruits and Vegg                         | gie Farm Logout              |   |  | 🐂 \$0.00 Checkout    |
|---|------------------------------|---|--|----------------------|
| CONNECT   | TICUT                        |   | HOME MY ACCOU                                    | NT ONLINE SERVICES - |
| Activities<br>Initial Application<br>File a Complaint | Click Initial<br>Application | License Lookup & Download<br>Lookup a License<br>Generate Roster(s) | Account<br>Account Details                       |                      |
| See links below for step-by                           | y-step renewal instructions: | gistration online, select "RENEWAL" under "Online S                 | Services."                                       |                      |
|   | ictions                      | GISTRATION: Online applications are for new applic<br>on.           | ants <u>ONLY</u> . If you are seeking to reinsta | ate or renew, please |

### Find Agriculture in the list below and Click on it

| Welcome, Happy Fruits and Veggie Farm Logout |      |            | 🐂 \$0.00 Checkout |
|--|------|------------|-------------------|
| Ctgou   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                    |                   | <b>∨</b> |
| Medical Marijuana               |                   | <b>∨</b> |
| Environmental Health Practition | <b>∨</b>          |          |
| Home Contractors                |                   | ×        |
| Agriculture                     | Click Agriculture | ~        |
| Amusement Permits               |                   | <b>v</b> |
| Bedding Permits                 |                   | ×        |
| Charities & Solicitation        |                   | ~        |

#### Click on the Start button for the Seed Oyster Sales and Transplant license.

| Start   |                            |                           | SEED LABELER                     | AGRICULTURAL<br>COMMODITIES |
|---|----------------------------|---------------------------|----------------------------------|-----------------------------|
| Start   | Click start                |                           | SEED OYSTER SALES and TRANSPLANT | AQUACULTURE                 |
| Start   |                            |                           | SWINE GROWERS                    | ANIMAL HEALTH               |
| Start   |                            |                           | TRAINING FACILITY                | ANIMAL CONTROL              |
| This License type can only be hel<br>Organization | ld by Individuals, your ac | count is registered as an | ANIMAL CONTROL OFFICER           | ANIMAL CONTROL              |

# NOTE: IF YOU STOP YOU APPLICATION BEFORE SUBMITTING IT, THE SAVED APPLICATION WILL APPEAR UNDER AGRICULTURE [IN PROGRESS]

## 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:

| Agriculture [In Progress]   | Click Agriculture [In Progress] | ~ |
|-----------------------------|---------------------------------|---|
| All                         |                                 | ~ |
| Public Health Practitioners |                                 | ~ |
| Liquor Control              |                                 | ~ |
| Accountancy                 |                                 | ~ |
| Adult-Use Cannabis          |                                 | ~ |
| Agriculture                 |                                 | ~ |

#### Select continue to resume.

Apply for new license

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:

| <u>Agricul</u> | Agriculture [In Progress] |            |             | ^                                |   |
|----------------|---------------------------|------------|-------------|----------------------------------|---|
|                |                           | Completed  | Board       | License                          |   |
| Delete         | Continue                  | 7/47 (14%) | AQUACULTURE | SHELLFISH SHIPPER III            |   |
| Delete         | Continue                  | 2/29 (6%)  | AQUACULTURE | SEAWEED PRODUCER                 |   |
| Delete         | Continue                  | 1/13 (7%)  | AQUACULTURE | SEED OYSTER SALES and TRANSPLANT |   |
| All            |                           | Cli        | ck Continue |                                  | ~ |
| Public         | Health Practit            | tioners    |             |                                  | ~ |
| Liquor         | Control                   |            |             |                                  | ~ |
| Accour         | ntancy                    |            |             |                                  | ~ |
| Adult-U        | Jse Cannabis              |            |             |                                  | ~ |
| Agricul        | lture                     |            |             |                                  | ~ |
|                |                           |            |             |                                  |   |

### AQSO – Before you begin

## Please read the "Before you begin" section carefully and contact the Bureau of Aquaculture with any questions.

| SEED OYSTER SAL     | ES and TRANSPLANT   |  |  |  |  |  |
|---------------------|---|--|--|--|--|--|
| AQSO -              | AQSO - Before you begin   |  |  |  |  |  |
| Before you<br>begin | The Department of Agriculture has committed to<br>eliminated the separate applications for SEED In  |  | . In order to simplify the electronic license application, the Bureau of Aquaculture has<br>I SEED boats licenses.                                   |  |  |  |
|                     |   |  | nates duplicate entries and has been reformatted acknowledging that the majority of<br>t submit a completed Seed Helper and/or Transplanter License. |  |  |  |
|                     | Please follows these instructions and have all of the necessary Captain, Helper, and Boat information you will need to complete an on-line Seed Oyster Harvester and/or Transplan<br>License prior to starting the application. You can save and return to the application at any time, but it will not be submitted to the Bureau of Aquaculture until you complete the app<br>in its entirely and attest and submit it. |  |  |  |  |  |
|                     | There are three categories Boats, Captains, and Helpers.  |  |  |  |  |  |
|                     | You will need to provide:   |  |  |  |  |  |
|                     | , , , , ,   | , Color, Boat Location - Marina Name, Boat Loc<br>e information: First and Last Name, Employee I | ation - Marina Town<br>D, Address (Street), Address (City), Address (State), Address (Zip Code), and Telephone                                       |  |  |  |
|                     | If the company owner will also be a captain or h  | elper during the seed license season, you mus  | t list yourself as such and pay the associated fee in order to work on the vessel.   |  |  |  |
|                     | If you are a Seed Seller, you will be required to upload a signed Seed Seller/Buyer Agreement form directly into the elicense system. You will not be permitted to submit the application until you have uploaded the form. The form can be downloaded at: Seed Oyster Buyer Agreement Form.  |  |  |  |  |  |
|                     |   |  |  |  |  |  |
|                     |   | Click Next to continue   |  |  |  |  |
|                     | Previous Next   | the application  | Close and Save   |  |  |  |

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

#### **Business Information**

The red \* star left of the answer box identifies the field as mandatory. The user will not be allowed to move to the next screen until all mandatory questions have been answered.

| SEED OYSTER SAL     | ES and TRANSPLANT  |
|---------------------|--|
| AQSO -              | AQSO - Business Information  |
| Before you<br>begin | Fields marked with an asterisk * are required.   |
| AQSO -<br>Business  | 1. Type of Business:   |
| Information         | * - select one - V   |
|                     | 2. Business Address (Street, City and State):  |
|                     | *  |
|                     | 3. Connecticut License Number: Enter your current Seller or  |
|                     | * Transplanter license number here.<br>Select N/A if you do not have a                               |
|                     | 4. Select the type of ownership for Applicant business:  |
|                     | <ul> <li>Corporation</li> <li>Limited Liability Company</li> <li>Click on radio button to</li> </ul> |
|                     | *  Partnership identify ownership Sole Proprietor  |
|                     | 5. Fax Number:   |
|                     | *  |
|                     |  |
|                     |  |
|                     | Previous Next  |

## **Organization Information**

The type of ownership (Question 4) will determine which business screen is presented to the user.

There is a separate screen for Corporations, Partnerships, LLC/LLPs and Sole Proprietors.

| SEED OYSTER SAL           | ES and TRANSPLANT   |  |  |  |  |  |  |  |
|---------------------------|---|--|--|--|--|--|--|--|
| AQSO -                    | AGR - AQ - Corporation  |  |  |  |  |  |  |  |
| Before you<br>begin       | Fields marked with an asterisk * are required.  |  |  |  |  |  |  |  |
| AQSO -                    | 6. What is the corporation name   |  |  |  |  |  |  |  |
| Business<br>Information   | *   |  |  |  |  |  |  |  |
| AGR - AQ -<br>Corporation | 7. What is the name of the principal officer (for corporation) or principal member (for LLC/LLP). List only one name. |  |  |  |  |  |  |  |
|                           | *   |  |  |  |  |  |  |  |
|                           | 8. Provide the email of the legal owner:  |  |  |  |  |  |  |  |
|                           | * Field required  |  |  |  |  |  |  |  |
|                           | 9. Federal Employer Identification Number (FEIN):   |  |  |  |  |  |  |  |
|                           | * Enter:  |  |  |  |  |  |  |  |
|                           | * Re-enter:   |  |  |  |  |  |  |  |
|                           | 10. What is the telephone number of the business.   |  |  |  |  |  |  |  |
|                           | *   |  |  |  |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |
|                           | Previous Next   |  |  |  |  |  |  |  |

# IF YOU ARE A SEED SELLER, YOU MUST UPLOAD A COMPLETED SELLER-BUYER AGREEMENT. THE BLANK AGREEMENT FORM IS LINKED IN ELICENSE AND ON THE DABA WEBSITE.

YOU CANNOT CONTINUE WITHOUT UPLOADING THE AGREEMENT.

| SEED OYSTER SAL                   | ES and TRANSPLANT  |          |
|-----------------------------------|--|----------|
| AQSO -                            | AQSO - Oyster Seed Buyers  |          |
| Before you<br>begin               | Fields marked with an asterisk * are required.   |          |
| AQSO -<br>Business<br>Information | Use the link below to print the Seed Oyster Buyer Agreement Form template, fill it out and upload it <u>Seed Oyster Buye</u> <u>Agreement Form</u> . | <u>r</u> |
| AGR - AQ -<br>Corporation         | 28. Upload a completed Oyster Seed Buyer Form:<br>No document(s) uploaded for this question.<br>Select a document to upload:                         |          |
| AQSO -<br>Oyster Seed<br>Buyers   | <ul> <li>Choose File No file chosen</li> <li>* File types accepted: jpeg, jpg, pdf</li> <li>Upload Document</li> </ul>                               |          |
|                                   | Previous Next Close at   | nd Save  |

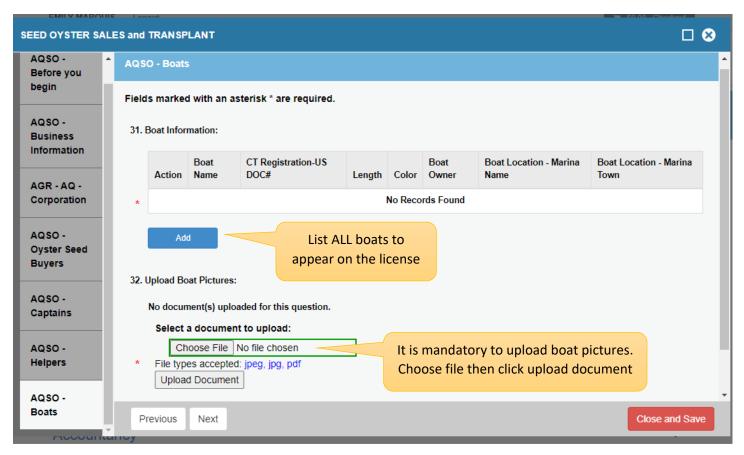
## Captain

| SEED OYSTER SALE        | ES and   | TRANSP     | LANT         |           |         |              |      |     |     |              |
|-------------------------|--|------------|--------------|-----------|---------|--------------|------|-----|-----|--------------|
| AQSO -                  | AQS  | O - Capta  | iins         |           |         |              |      |     |     |              |
| Before you<br>begin     | Fields marked with an asterisk * are required. |            |              |           |         |              |      |     |     |              |
| AQSO -                  | <b>2</b> 9. L                                  | ist of Cap | otains:      |           |         |              |      |     |     |              |
| Business<br>Information |  | Action     | First Name   | Last Name | EMail   | Relationship | City | Zip |     |              |
| AGR - AQ -              | *  |            |              | No Recor  | ds Foun | ıd           |      |     |     |              |
| Corporation             |  | Ad         | d            |           |         |              |      |     |     |              |
| AQSO -<br>Oyster Seed   |  | $\wedge$   |              |           |         |              |      |     |     |              |
| Buyers                  |  |            |              |           |         |              |      |     |     |              |
| AQSO -<br>Captains      |  | List A     | LL captain   | is to     |         |              |      |     |     |              |
|                         |  | арреан     | r on the lio | cense     |         |              |      |     |     |              |
|                         |  |            |              |           |         |              |      |     |     |              |
|                         |  | revious    | Next         |           |         |              |      |     | Cia | ose and Save |

## Helpers

| SEED OYSTER SALE        | ES and TRANSPLANT                                       |                |  |  |  |  |  |  |
|-------------------------|---|----------------|--|--|--|--|--|--|
| AQSO -                  | AQSO - Helpers  |                |  |  |  |  |  |  |
| Before you<br>begin     | Fields marked with an asterisk * are required.          |                |  |  |  |  |  |  |
| AQSO -                  | 30. List of Helpers:                                    |                |  |  |  |  |  |  |
| Business<br>Information | Action First Name Last Name EMail Relationship City Zip |                |  |  |  |  |  |  |
| AGR - AQ -              | * No Records Found                                      |                |  |  |  |  |  |  |
| Corporation             | Add   |                |  |  |  |  |  |  |
| AQSO -<br>Oyster Seed   |   |                |  |  |  |  |  |  |
| Buyers                  |   |                |  |  |  |  |  |  |
| AQSO -<br>Captains      | List ALL helpers to                                     |                |  |  |  |  |  |  |
| AQSO -                  | appear on the license                                   |                |  |  |  |  |  |  |
| Helpers                 |   |                |  |  |  |  |  |  |
|                         | Previous Next   | Close and Save |  |  |  |  |  |  |

#### Boats



Enter the total number of boats, captains, and helpers. These numbers must match the information entered in questions 29, 30, and 31. If this information does not match, the Bureau of Aquaculture will not issue you a license.

| SEED OYSTER SA                    | LES and TRANSPLANT                                     |
|-----------------------------------|--|
| AQSO -                            | AQSO - Total Count                                     |
| Before you<br>begin               | Fields marked with an asterisk * are required.         |
| AQSO -<br>Business<br>Information | 33. Total Number of Boats:                             |
| AGR - AQ -<br>Sole<br>Proprietor  | 34. Total Number of Captains:                          |
| AQSO -<br>Captains                | 35. Total Number of Helpers (do not include Captains): |
| AQSO -<br>Helpers                 | *  |
| AQSO - Boat<br>Information        |  |
| AQSO - Total<br>Count             |  |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   | Previous Next  |

#### Attestation

| SEED OYSTER SAL                   | LES and TRANSPLANT  |                 |
|-----------------------------------|---|-----------------|
| AQSO -                            | AGR - AQ - Attestation  |                 |
| Before you<br>begin               | Fields marked with an asterisk * are required.  |                 |
| AQSO -<br>Business<br>Information | 36. I attest that all of the information contained herein is true to the best of my knowledge and agree that in the event a license or registration is granted, said applicant shall comply with all rulings, regulations and directives issued by the Commissioner of Agriculture. | i laws, orders, |
| AGR - AQ -<br>Sole<br>Proprietor  | 37. Name of Applicant:  |                 |
| AQSO -<br>Captains                | *<br>38. Applicant Title:   |                 |
| AQSO -<br>Helpers                 | •   |                 |
| AQSO - Boat<br>Information        | 39. Applicant Telephone Number:   |                 |
| AQSO - Total<br>Count             |   |                 |
| AGR - AQ -                        | 40. Attestation Date:   |                 |
| Attestation                       | 2022-09-15 ~  |                 |
|                                   | Previous Next   | Close and Save  |

When you select next, you will have the opportunity to review the application. Confirm that all of the information you entered is correct. The total fees will be listed at the top right, and you will pay online by select, "Add to Invoice."

| Invoice  |  |             | Pay Invoice      | 🔒 Print                                      |
|--|--|-------------|------------------|--|
| This item was successfully added to the invoice  | <b>⊘Invoice</b>  |             | Ir               | eate: 9/15/2022<br><b>1voice #</b><br>546035 |
| Select <b>Pay Invoice</b> above to<br>complete this transaction<br>To add additional transactions to the<br>invoice, select a command from the<br>Online Services menu | Fish Producer #1<br>190 Rogers Avenue<br>Milford, CT 06460 |             |                  |  |
|  | Description  |             | Am               | ount   |
| State of Connecticut<br>Invoice Transaction Summary  | Application - SEED OYSTER SALES and TR/                    | ANSPLANT    |                  |  |
| Online Licensing, Credentials, and<br>Certifications   | Boat Fees  |             |                  | \$30.00                                      |
|  |  |             | Subtotal:        | \$30.00                                      |
|  |  |             | Total:           | \$30.00                                      |
|  |  | Pay Invoice | Select "pay invo | pice"  |

Complete the invoice payment with credit card or check draft information and click, "submit payment."



Fish Producer #1

## Transaction Complete.

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

#### Description

Application - SEED OYSTER SALES and TRANSPLANT

Amount paid will display here