

HOW TO SUBMIT AN ELICENSE APPLICATION FOR SHELLFISH SEED IMPORTATION

Department of Agriculture, Bureau of Aquaculture



JANUARY 3, 2023

Background

State of Connecticut regulatory statue designates the Department of Agriculture Bureau of Aquaculture as the authority on shellfish. The Bureau requires that any entity importing molluscan shellfish seed from outside of Connecticut complete this eLicense application. The license will be issued based upon satisfactory seed source and pathology certificates. The applicant will have to complete a new elicense application for subsequent seed import licenses.

The Seed Importation license is designated mainly for Industry members importing shellfish seed for cultivation and ultimately market harvest. Entities (government, educational, private/industry) interested in assessing shellfish resources/populations or conducting studies/experiments requiring the removal or importation of molluscan shellfish must complete the Scientific Resource Assessment elicense application, NOT the Seed Importation application.

Shellfish Importation Policy:

- Northern quahog: The Bureau of Aquaculture does 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. Additionally, the Bureau of Aquaculture does not allow the importation of triploid oysters from any location.
- **Bay scallops**: The Bureau of Aquaculture does not allow the importation of scallops from outside of Long Island Sound.

Prior to any shellfish importation:

- Prior to any shellfish importation, the source must be approved by the state shellfish pathologist at the Bureau of Aquaculture.
- You will be required to provide two years of pathology reports to demonstrate good hatchery technique, and one report within 2-3 months prior to the date you plan to plant seed in Connecticut from out-of-state source areas or hatcheries.
- This seed importation license must be obtained from Bureau of Aquaculture PRIOR to importation.
- The applicant must arrange with Bureau of Aquaculture for a sample of live animals to be tested (this may take up to 3 weeks).
- The source of product is not guaranteed to be approved, and should be a consideration.

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

| https://www.elicense.ct.gov/ | | Step 1 | | C Search |
|--------------------------------|----------------------------|--------------------|---|---|
| icense Online 🛛 🗙 📑 | | | | |
| Edit View Favorites Tools Help | | | | |
| | Login Registe | r | | |
| | Ct.gov state | OF CONNECTICUT | HOME | MY ACCOUNT ONLINE SERVICES - |
| | | | Welcome | |
| Carl Harden Carlos | Access Yo | our Account | | |
| | Account Fa | st Track Renewal | Welcome to the State of Connecticut's e | License Website |
| | User ID | | VERIFY A LICENSE & ROSTER: Select ONLINE SERVICES for a list of available services. NOTE: All data contained within License Lookup is maintained by the state of Connecticut, updated instantly and is considered | INITIAL APPLICATION: • All applicants MUST register if this is a first time application • Select the "Register" link and |
| | Password | | primary source verification. | create a new account. |
| St. A. Market | Password | | To access your account, enter your User ID and Password. | Logging in is optional, but |
| | Log In Don't have an ad | ccount? Register | Step-by-Step Instructions. • First time users MUST validate an active email address. T REGISTER A NEW ACCOUNT TO RENEW. K RENEWAL: | allows you to save your complaint • Select the "File a Complaint" link. |
| | Forgot Password | d? Forgot User ID? | Check your renewal notification for availability. | QUESTIONS: |
| | | | To access, click the gray Fast Track Renewal tab. Step-by-Step Instructions. Allows access to online renewal only. | For all inquiries, please email the appropriate agency listed below. |
| | A | 3 | | ANN AND |

Step 2: Click on the Register button

New users of the eLicense system must register by creating a user name and password <u>that will be used for all licensing</u> <u>pertaining to this business</u>. 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.



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
- O 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.

| | | | | HOME MY | ACCOUNT ONLINE SE | RVICES - |
|--|----------------------------------|--|--------------------|---------------------|--------------------|-----------|
| egistration | | | | | | |
| Account Infor | mation | | | | * denotes required | d fields |
| | *User ID | Create Online User ID | | | | |
| | *Email | Enter Email Address | We will use | e this email addres | s to | |
| | *Password | Enter Password | | contact you. | | |
| | Confirm Password | Re-enter nassword | | | | |
| Doroonal Info | rmation | | Click b | oro whon public a | ddross is the | |
| | Business Name | Dusinges Mame | | same as mailing ac | ddress | |
| | Busiliess Name | Business Name | | | | |
| Public Addres | SS | | Mailing Addre | ess | Same as Public Ad | iress |
| Attention | Attn. | | Attention | Attn. | | |
| Address | Enter Address | | Address | Enter Address | | |
| | Enter Address | | | Enter Address | | |
| City | Enter City | | City | Enter City | | |
| State | Connecticut | • | State | Connecticut | | ~ |
| Country | UNITED STATES | | Country | UNITED STATES | | ~ |
| Zip | Enter Zip | | Zip | Enter Zip | | |
| Phone Number | Enter Phone Numbe | r | Phone Number | Enter Phone Number | | |
| Cell Phone | Enter Mobile Numbe | ſ | Cell Phone | Enter Mobile Number | | |
| Captcha Ve | rification | | | | | |
| Please note that this | s code is case sensitive | <u>)</u> | | | | |
| 1f6 | ⁹ 6f | Enter Co | de* ode captcha | | | |
| Enter all the Use upper a sensitive. | e characters o and lower case | n the left into the enter co e alphanumeric. This field | de box. is case | | Creat | e Account |
| | | | | | | |

| Welcome, Happy Fruits and Veggie Farm Logout | | | 🐂 \$0.00 Checkout |
|--|------|--------------|-------------------|
| CT.gou STATE OF CONNECTICUT | HOME | MY ACCOUNT 1 | ONLINE SERVICES + |
| 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.

A 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.

| User ID: | FVGFarm13 Change User ID |
|-----------|---|
| E-mail: | , 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. 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. Generate E-mail |
| Password: | Change Password |

Step 4:

Logon on to your email and look for an email from <u>donotreplyelicense2@po.state.ct.us</u>. Open it and click on the link.



Step 4

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

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 **Shellfish Seed Importation** application.

Step 5 - Click on the ONLINE Services button

| | Welcome, Happy Fruits and Veggie Farm Logout | | | | | Step 5 | | 🐂 \$0.00 Checkout |
|-------------------|---|--|---|---------------------------------------|---------------------------------|---------------------------------------|----------------------|-------------------|
| | Ct.gov state o | DF CONNECTICUT | | | | HOME | MY ACCOUNT | ONLINE SERVICES - |
| The second second | | in the second second | | | - | | | |
| 10% | i Welcome | Contact Information | Credential Information | Supervision | My Complaints | | | |
| | | , | You are Logged on | to the State | of Connecticut' | s eLicense Website | | |
| 14 | ONLINE RENE | WAL: To renew your lice | nse, permit or registration o | nline, select "REI | NEWAL" under "Online | e Services." | | |
| | See links belov User Id and Pa Fast Track Rer | v for step-by-step renewa ssword Instructions lewal Instructions | instructions: | | | | | 14 |
| | APPLICATION contact the app | FOR A NEW LICENSE, propriate agency below fo | PERMIT OR REGISTRATION r further information. | ON: Online applic | cations are for new app | licants <u>ONLY</u> . If you are seel | king to reinstate or | r renew, please |
| | To apply for a i | new license, permit or reg | istration online, please follo | w the instructions | below: | | | |
| | 2. Select the applic | ppropriate application and ations must be reviewed | follow instructions. Please and approved by the approp | note, not all appli priate agency. | gin. cation types are availa | ble to be completed online. | | |
| | QUESTIONS: | For all inquiries, please er | nail the appropriate agency | listed below. | | | | E. |
| | A. | | | | S.C. | 12 | as s | 2 Ban |
| | | | | | | | | |

Step 6: Click on Initial Application.

| nse Online 🗙 📑 | | | | | |
|--|---|--|---|---------------------|-------------------|
| Welcome, Happy Fruits and Veggie Farm | Logout | | | | 🐂 \$0.00 Checkout |
| ិញ្ញិ្ញ00 STATE OF CONNECTICUT | | | HOME | MY ACCOUNT | ONLINE SERVICES - |
| Activities Initial Application File a Complaint | Step 6 | License Lookup & Download Lookup a License Generate Roster(s) | Account Account Detail | s | |
| ONLINE RENEWAL: To renew you See links below for step-by-step ren User Id and Password Instructions Fast Track Renewal Instructions APPLICATION FOR A NEW LICEM contact the appropriate agency below To apply for a new license, permit o 1. From "Online Services", select 1 2. Select the appropriate application Note: All applications must be review QUESTIONS: For all inquiries, plea | r license, permit or reg ewal instructions: ISE, PERMIT OR REG w for further information r registration online, pla INITIAL APPLICATION and follow instructions wed and approved by t se email the appropriat | istration online, select "RENEWAL" under "Online ESTRATION: Online applications are for new appl in. ease follow the instructions below: "under "Activities" to begin. s. Please note, not all application types are available the appropriate agency. te agency listed below. | e Services." licants <u>ONLY</u> . If you are seek | ing to reinstate or | r renew, please |

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

| Welcome, Happy Fruits and Veggie Farm Logo | out | | | | 🐂 \$0.00 Checkout |
|---|--|-------------------------------|-----------------------|------------|-----------------------|
| CONNECTICUT | | | HOME | MY ACCOUNT | ONLINE SERVICES - |
| Apply for new license | | | | | |
| Below an | e all current Lice | nse/Certification types avail | able for online appli | cation. | |
| | Please expa | nd a category to view the av | ailable types, | | |
| then sele | ect "Start" for th | e License/Certification you v | vish to apply from th | e list: | |
| All | ect <mark>"Start</mark> " for th | e License/Certification you v | vish to apply from th | e list: | ~ |
| All Public Health Practitioners | ect "Start" for th | e License/Certification you v | vish to apply from th | e list: | * |
| All Public Health Practitioners Drug Control | ect "Start" for th | e License/Certification you v | vish to apply from th | e list: | * * * |
| All Public Health Practitioners Drug Control Medical Marijuana | ect "Start" for th | e License/Certification you v | vish to apply from th | e list: | * * * |
| All Public Health Practitioners Drug Control Medical Marijuana Environmental Health Practiti | ect "Start" for th | e License/Certification you v | vish to apply from th | e list: | * * * * |
| All Public Health Practitioners Drug Control Medical Marijuana Environmental Health Practiti Home Contractors | ect "Start" for th | e License/Certification you v | vish to apply from th | e list: | * * * * |
| All Public Health Practitioners Drug Control Medical Marijuana Environmental Health Practiti Home Contractors Agriculture | ect "Start" for th ioners Step 7 | e License/Certification you v | vish to apply from th | e list: | * * * * * |
| All Public Health Practitioners Drug Control Medical Marijuana Environmental Health Practiti Home Contractors Agriculture Amusement Permits | ioners Step 7 | e License/Certification you v | vish to apply from th | e list: | * * * * * |

×

Charities & Solicitation

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

By selecting Shellfish Seed Importation application, the user will be guided through a series of questions.

| Start | MAPLE SYRUP and HONEY PRODUCER | FOOD SAFETY |
|---|--------------------------------|-----------------------------|
| Start | MILK DEALER | FOOD SAFETY |
| Start | MILK PRODUCER | FOOD SAFETY |
| 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 Step 8 | SHELLFISH SEED IMPORTATION | AQUACULTURE |
| Start | SHELLFISH SHIPPER III | AQUACULTURE |
| Start | SWINE GROWERS | ANIMAL HEALTH |
| Start | TRAINING FACILITY | ANIMAL CONTROL |
| This License type can only be held by Individuals, your account is registered as an Organization | ANIMAL CONTROL OFFICER | ANIMAL CONTROL |
| This License type can only be held by Individuals, your account is registered as an Organization | MILK EXAMINER | FOOD SAFETY |

The application process has begun...

AQSI – Read the "Before you begin" section



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

You can close and save your application at any time, and resume by logging back into your account. Purpose Statement: Explain the purpose of the Shellfish Seed Importation, including all species that will be subsequently listed, for the license.

| SHELLFISH | EED IN | PORTATION | | | | | | |
|--------------------|--------|--|------------------------|----------------|--|--|--|--|
| AQSI - | | AQSI - PURPOSE | | | | | | |
| BEFORE YOU BEGI | ı | Fields marked with an asterisk * are required. | | | | | | |
| AQSI - | | 1. Purpose: | | | | | | |
| PURPOSE | e) | | | | | | | |
| | | * | | | | | | |
| | | | <u>A</u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Previous Next | Click Next to continue | Close and Save | | | | |
| | | | the application | | | | | |

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.

| | AGR - AQ - Applicant Info | | |
|----|--|---|--|
| L | Fields marked with an asterisk * are required. | | |
| | 2. Applicant Name: | | |
| ų. | * | | |
| | 3. Applicant Email: | | |
| Ľ. | * | | |
| L | 4. Applicant Address: | | |
| | * | | |
| L | 5. Applicant Telephone: | | |
| | * | | |
| L | 6. Emergency Telephone Number: | | |
| | * | | |
| | 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.

| SHELLFISH SEED IN | IPORTATION | | |
|----------------------------------|--|--|----------------|
| AQSI - | AGR - AQ - Sole Proprietor | | • |
| BEFORE YOU BEGIN | Fields marked with an asterisk * are required. | | |
| AQSI - | 19. Name of Sole Proprietor: | | |
| PURPOSE | * | | |
| AGR - AQ - Applicant Info | 20. Legal Owner: | | |
| AGR - AQ - | * | | |
| Type of Ownership | 21. Provide the email of the legal owner: | | |
| AGR - AQ - Sole Proprietor | * Field required | | |
| | 22. Enter the Social Security Number of the owner (if owned by a sole proprietor) or the Fed | eral Employer Identification Number (if owned by an organi | zation): |
| | * Enter your SSN | | |
| | * Re-enter your SSN | | |
| | 23. What is the telephone number of the business. | | |
| | • | Click Next to continue | |
| - | Previous Next | the application | Close and Save |

AQSI – Shellfish Importation

| AQSI - PART I - SHELLFISH IMPORTATION 1 | |
|--|---|
| Fields marked with an asterisk * are required. | |
| 38. Shellfish Importation Species: | |
| * - select one - 💙 | Select one species from the drop down list |
| 39. Shellfish Importation Source: | |
| * | |
| 40. Shellfish Importation City/Town: | |
| * | |
| 41. Shellfish Importation Quantity: | |
| 42. Shellfish Importation Date: | |
| */ (MM/DD/YYYY) Today | |
| 43. Do you have another to report: | |
| * Yes No | If you have another species, select yes and follow the prompt |
| Previous Next | |
| Em apoy Modical S | Sonvicos |
| Click Next to con the applicati | on |

AQSI – Shellfish Pathology



AQSI – Shellfish Placement

| AQSI - PART II - SHELLFISH PLACED 1 | | |
|--|--|--|
| Fields marked with an asterisk * are required. | | |
| 62. Shellfish Species to be Replaced: | | |
| * - select one - 💙 | | |
| 63. City/Town where shellfish will be placed: | | |
| * | | |
| 64. Location / Lot / Upweller: | | |
| * | | |
| | | |
| 65. Quantity of Shellfish to be placed: | | |
| * | | |
| 66. Date when Shellfish will be placed: | | |
| _/_/ Toda | | |
| 67. Do you have another to report: | Click "yes" if there are multiple species/seed sources and/or | |
| | seed will be planted in | |
| | multiple locations | |
| Previous Next | lick Next to continue | |
| _ | the application | |

AQSI – Boat Information

| AQSI -BOATS USED | | | |
|--|------------------------|------------------|----------------|
| Fields marked with an asterisk * are required. | | | |
| 85. Boat Used: | | | |
| * Yes 🗌 No | | | |
| | Click c | on the Yes or No | |
| | | | |
| | | | |
| | | | |
| | Click Next to continue | | |
| Previous Next | the application | | Close and Save |

If you select yes, you will be directed to enter the following boat information:

| AQSI - PART III - BOAT ID 1 | | | |
|--|--|--|--|
| Fields marked with an asterisk * are required. | | | |
| 86. Boat Name: | | | |
| * | | | |
| 87. Boat Registration: | | | |
| * | | | |
| 88. Boat Color: | | | |
| * | | | |
| 89. Boat Size: | | | |
| * | | | |
| 90. Boat Make: | | | |
| * | | | |

| 91. Marine Head: | |
|--------------------------------------|---|
| * Yes 🗆 No | |
| 92. Documented: | |
| * | |
| 93. Captain Name: | |
| * | |
| 94. Owner/Other Information: | |
| * | |
| 05 Da was have an effect of a second | |
| 55. Do you have another to report: | |
| * Yes No | Click "yes" to add another boat |
| Previous Next | |
| | Click Next to continue the application |

AQSI – Shellfish Land Transportation

| AQ - PART IV: SHELLFISH BROUGHT TO SHORE FOR LAND TRANSPORTATION | | | |
|--|----------------|---|--|
| Fields marked with an asterisk * are required. | | | |
| 105. Land Trans | port Company: | | |
| * | | | |
| 106. Land Trans | port Location: | | |
| * | | | |
| 107. Land Trans | port Vehicle: | | |
| * | | | |
| 108. Land Transport Destination Location: | | | |
| * | | | |
| 109. Storage of shellfish (Method of Storage Transportation): | | | |
| * | | | |
| 110. Expected Length of Transport: | | | |
| * | | | |
| Previous | Next | Click Next to continue the application | |

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

| Fields marked with an asterisk * are required. 11. Written Permission: Mo document(s) uploaded for this question. Select a document to upload: Choose File No file chosen File types accepted: pdf Upload Document Upload Document | AQ - PART V - WRITTEN PERMISSION | | |
|---|--|-----------|--|
| 11. Written Permission: A concurrent(s) uploaded for this question. Select a document to upload. Choose File No file chosen * File types accepted: pdf Upload Document Upload Document | Fields marked with an asterisk * are required. | | |
| No document(s) uploaded for this question. Select a document to upload: Choose File No file chosen * File types accepted: pdf Upload Document Upload Document | 111. Written Permission: | | |
| Select a document to upload: Choose File No file chosen File types accepted: pdf Upload Document Click Ne: The a | No document(s) uploaded for this question. | | |
| Choose File No file chosen | Select a document to upload: | | |
| File types accepted: pdf Upload Document Click Nex the a | Choose File No file chosen | | |
| Upload Document | File types accepted: pdf | | |
| Click Nex The a | Upload Document | | |
| Click Nex Previous Next | | | |
| Click Net The a | | | |
| Click Net Previous Next | | | |
| Click Net The a | | | |
| Click Next the a | | | |
| Click Next the a | | | |
| Click Next the a | | | |
| Previous Next Click Next | | | |
| Previous Next Click Next | | | |
| Previous Next Click Next | | | |
| Previous Next Click Next | | | |
| Previous Next the a | | Click Nex | |
| | Previous Next | the ap | |

You must complete the agreement page.

| • | 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: | | | |
| - | 139. Agreement Date: | | | |
| • | Previous Next Click Next the ap | t to continue oplication | | |

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

| Total Fees Total Fees: \$0.00 AQSR - BEFORE YOU BEGIN AQSR - PURPOSE | |
|---|------------|
| Total Fees Total Fees: \$0.00 AQSR - BEFORE YOU BEGIN AQSR - PURPOSE | |
| Total Fees: \$0.00 AQSR - BEFORE YOU BEGIN AQSR - PURPOSE | L |
| AQSR - BEFORE YOU BEGIN AQSR - PURPOSE | |
| AQSR - BEFORE YOU BEGIN IT AQSR - PURPOSE | |
| 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: | * |
| | • |
| 135. Written Permission: | |
| Written permissions Request letter.pdf | |
| | |
| ACR AO Agreement | |
| 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. | |
| 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. | |
| provided for in Section 53A-157 of the Connecticut General Statutes | |
| T I agree to all statements above: | |
| Yes | |
| | |
| 137. President/Owner Name: | |
| | |
| xxx | |
| | |
| 138. Date of Birth: Click Fini | ish to sub |
| app | lication |
| Previous Finish | • |

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

| CONNECTICUT | HOME MY ACCOUNT OF |
|--|---|
| Payment Receipt | |
| State of Co Invoice Transac Online Licensing, Creden | Print Receipt onnecticut ction Summary entials, and Certifications |
| Date: 12/7/2022 | |
| AGRTEST50 | |
| Transaction Complete. Please print a copy for your records from the button above | ve. |
| Description Application - Shellfish Seed Importation | Amount \$0.00 |