

STATE OF CONNECTICUT DEPARTMENT OF AGRICULTURE

Bureau of Aquaculture & Laboratory Services



AMENDMENT FORM FOR SHELLSTOCK SHIPPER I LICENSE COMBINED HARVEST AND RELAY ACTIVITIES

PART I: License Applicant Information

State:

Directions: Amendments may be made to current shellstock shipper license by either:

- 1) Making changes on a copy of current license, signing and dating OR
- 2) By filling out this amendment form with updated information

Complete necessary changes and submit to Department of Agriculture Bureau of Aquaculture via:

p .010			
• Fa	ax: 203-783-9976		
• Eı	mail: <u>David.Carey@CT.gov</u>		
• N	Mail: PO Box 97 Milford, CT (06460	
A. A	pplicant Information (make a	any necessary changes)	
СТ	Shellfish Shipper Certification #	ŧ	
Co	mpany Name		
	pplicant		
Ma	ailing Street Address		
To	wn		
Sta	ate		
Zip)		
Em	nail		
Bu	siness Phone		
Mo	obile Phone		
Em	nergency Phone		
3. SE	a. Seed Oysters Purchased Seed Licensee Name (s	l From Seed Oyster Licensee	?
3. SE	a. Seed Oysters Purchased	d From Seed Oyster Licensee):	
3. SE	a. Seed Oysters Purchased Seed Licensee Name (s	l From Seed Oyster Licensee	? First Name
3. SE	a. Seed Oysters Purchased Seed Licensee Name (s Seed Licensee #1	d From Seed Oyster Licensee):	
3. SE	a. Seed Oysters Purchased Seed Licensee Name (s Seed Licensee #1 Seed Licensee #2	d From Seed Oyster Licensee):	
3. SE	a. Seed Oysters Purchased Seed Licensee Name (s Seed Licensee #1	d From Seed Oyster Licensee):	
3. SE	a. Seed Oysters Purchased Seed Licensee Name (s Seed Licensee #1 Seed Licensee #2	d From Seed Oyster Licensee s): Last Name	
	a. Seed Oysters Purchased Seed Licensee Name (s Seed Licensee #1 Seed Licensee #2 Seed Licensee #3	d From Seed Oyster Licensee s): Last Name	
Up	a. Seed Oysters Purchased Seed Licensee Name (s Seed Licensee #1 Seed Licensee #2 Seed Licensee #3 b. Seed Oysters from Upw	d From Seed Oyster Licensee s): Last Name	
Up	a. Seed Oysters Purchased Seed Licensee Name (s Seed Licensee #1 Seed Licensee #2 Seed Licensee #3 b. Seed Oysters from Upwoweller Location:	d From Seed Oyster Licensee s): Last Name	
Up Str To	a. Seed Oysters Purchased Seed Licensee Name (s Seed Licensee #1 Seed Licensee #2 Seed Licensee #3 b. Seed Oysters from Upwoweller Location: reet Address:	d From Seed Oyster Licensee s): Last Name	
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Up Str To Sta	a. Seed Oysters Purchased Seed Licensee Name (s Seed Licensee #1 Seed Licensee #2 Seed Licensee #3 b. Seed Oysters from Upwoweller Location: reet Address: own: ate: c. Seed Oysters Purchased	d From Seed Oyster Licensee (s): Last Name	

PART II - VEHICLES TO BE LICENSED FOR SHELLSTOCK TRANSPORT

Instructions: Complete section below to add or remove a vehicle. New vehicles must be inspected prior to adding to license.

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Year					
Make					
Model					
Marker #					
Refrigeration?					
Time Temp Recorder?					
Color					
Add/Remove?					

PART III - VESSELS

Instructions: Complete section below to add or remove a vessel. New vessels must be inspected prior to adding to license.

VESSEL IDENTIFICATION: A recent photograph of each new boat must accompany this application.

	Vessel 1	Vessel 2	Vessel 3	Vessel 4	Vessel 5
Vessel name					
CTRegistration/USDocument ID					
Length feet					
Color					
License Type (SS, ST, LT, SEED)					
Add/Remove?					

PART IV - VESSEL CAPTAINS

Instructions: Complete section below to add or remove a Captain.

	Captain 1	Captain 2	Captain 3
ID			
SS#			
Captain Last Name			
First Name			
DOB			
License Types (SS, SS/HACCP, ST, LT)			
Add/Remove?			

Combined Connecticut Shellstock Shipper I License Amendments

Instructions: Complete section below to add or remove a bed from market harvest license. Please note that each lot can only be used for one activity at the same time, unless the lot has been divided or is on a HACCP Container Relay license. Please select the appropriate license choice from the drop-down options.

		License Types		
		SS Harvest, SS/HACCP ST-From, ST-To, ST-Removed LT-From, LT-To, LT-Removed		
Town	Bed Name	Remove From	Add To	Effective Date

License Amendment Signature (please complete)

NAME OF APPLICANT (Print):	
Applicant Signature:	
Date:	

DABA Review:				
	Initial	Date		
Access Database Updated?				
GIS Update?				
License Update?				