



## CONNECTICUT DEPARTMENT OF AGRICULTURE BUREAU OF AQUACULTURE

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

203-874-0696 | [Agri.Aquaculture@ct.gov](mailto:Agri.Aquaculture@ct.gov)*Affirmative Action/Equal Employment Opportunity Employer*

**APPLICATION TO REOPEN TOWN RELAY AREA(S) FOR  
RECREATIONAL SHELLFISHING**

Town Relay License No: \_\_\_\_\_ Town: \_\_\_\_\_

Applicant: \_\_\_\_\_  
(Print name to appear on certificate)Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)Telephone: \_\_\_\_\_  
(business) (emergency)Kind of shellfish: Oysters Soft Clams Hard Clams Mussels

Areas where relayed shellfish are to be harvested (describe areas)

I certify that the shellfish relay operations for the above area ceased on \_\_\_\_\_, and that the shellfish have remained on these grounds for at least 14 consecutive days with a water temperature of 50°F or greater.

I certify that a shellfish post-relay sample has been submitted to the laboratory.

I agree to conform to all requirements of the Connecticut General Statutes and the National Shellfish Sanitation Program Model Ordinance, and 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.

APPLICANT SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NOTE: The harvesting of shellfish from any areas not approved for the taking of shellfish by the Connecticut Department of Agriculture, Bureau of Aquaculture renders the violator subject to prosecution under the General State Statutes.