

FOR OFFICE USE ONLY

Date Received _____ Date Issued _____ Approval Initials _____

Payment Check _____ Money Order _____ Applicant ID _____

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF MARINE WATER MONITORING
P.O. BOX 405 – STONEY HILL ROAD
LEEDS POINT, NJ 08220
TEL: 609-748-2000
FAX: 609-748-2014**

CONSOLIDATED APPLICATION FOR PERMITS TO HARVEST SHELLFISH FROM WATERS WITHIN THE STATE OF NEW JERSEY.

Application Date: _____
(mm/dd/yyyy)

Applicant

Name: _____

Date of Birth: _____
(mm/dd/yyyy)

Mailing Address: _____

Current Permit #: _____

CID #: _____

Primary Phone: _____
(###) ###-####

Driver's License #: _____

Secondary Phone: _____
(###) ###-####

Email: _____

Organization/Company

Organization/Company Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____
(###) ###-####

Fax: _____
(###) ###-####

Primary Contact/Project Manager:

Secondary Contact:

Phone: _____
(###) ###-####

Phone: _____
(###) ###-####

Email: _____

Email: _____

Permits

X	Description	Regulation	Submittal Requirements
<input type="checkbox"/>	Soft Clam and/or Hard Clam Depuration Plant Permit <input type="checkbox"/> Hard Clams <input type="checkbox"/> Soft Clams <input type="checkbox"/> Both	N.J.A.C. 7:12-9.5	A
<input type="checkbox"/>	Soft Clam and/or Hard Clam Depuration Harvester Permit <input type="checkbox"/> Hard Clams <input type="checkbox"/> Soft Clams <input type="checkbox"/> Both	N.J.A.C. 7:12-9.6	B,C
<input type="checkbox"/>	Permit for the Harvest of Surf Clams from Prohibited Waters for Bait	N.J.A.C. 7:12-9.7	B,D
<input type="checkbox"/>	Permit for the Harvest of Hard Clams and/or Oysters from Restricted Waters and Relay to Approved Waters <input type="checkbox"/> Hard Clams <input type="checkbox"/> Oysters <input type="checkbox"/> Both	N.J.A.C. 7:12-9.8	B,E
<input type="checkbox"/>	Permit for the Harvest of Seed Oysters and/or Seed Clams from Restricted Waters and Transplant to Approved Waters <input type="checkbox"/> Seed Clams <input type="checkbox"/> Seed Oysters <input type="checkbox"/> Both	N.J.A.C. 7:12-9.9	B,F
<input type="checkbox"/>	Permit for Shellfish Research in Waters Other than Approved	N.J.A.C. 7:12-9.10	G,H
<input type="checkbox"/>	Permit for Shellfish Restoration and/or Enhancement in Waters Other than Approved	N.J.A.C. 7:12-9.11	G,H
<input type="checkbox"/>	Permit for Growing Seed in Waters Other than Approved by Non-Profit Organization or Government Agency	N.J.A.C. 7:12-9.12	G,H
<input type="checkbox"/>	Permit for Short-term Use of Shellfish for Toxins Monitoring in Waters Other than Approved	N.J.A.C. 7:12-9.13	H
<input type="checkbox"/>	Permit for a Hatchery to Produce and Grow Seed or for a Nursery to Grow Seed	N.J.A.C. 7:12-9.14	I
<input type="checkbox"/>	Commercial Shellfish Aquaculture Permit	N.J.A.C. 7:12-9.15	J

Submittal Requirements

In addition to this completed application you shall submit:

- A** 1. A provisional Shellfish Certificate issued by the Department of Health to operate on an interim basis,
or
2. A final Shellfish Certificate issued by the Department of Health.
- B** 1. A copy of a valid Commercial Shellfish Harvesting License issued by the Department's Division of Fish and Wildlife.
2. Commercial Shellfish Harvesting License #: _____
3. Date of Completion of Shellfish Harvester Training: _____
Training Submission I.D. number: _____
- C** 1. Specify the Depuration Plant at which the applicant intends to land harvested shellfish
 J.T. White Clean Water Other: _____
- D** 1. Vessel Name: _____
State Registration Number: _____
Mooring Location: _____
- E** 1. A copy of relay lease(s) issued.
- F** 1. A map showing the general area from which seed are to be harvested and the boundaries and GPS coordinates of the lease to which the seed will be transplanted.
- G** 1. A copy of a valid Scientific Collecting Permit issued by the Department's Division of Fish and Wildlife allowing the collection of the species for which the applicant seeks to study.
- H** 1. A project overview pursuant to applied permit (template available).
- I** 1. A detailed description of operational plans pursuant to N.J.A.C. 7:12-9.14(b) (template available).
- J** 1. An Operation Plan for the shellfish aquaculture operations pursuant to N.J.A.C. 7:12-9.15(c) (template available);
2. If applicant is a certified dealer, a copy of the shellfish certificate issued by the Department of Health; **and**
3. For a shellfish aquaculture operation re-applying for a Commercial Shellfish Aquaculture Permit, a report of the total quantity(ies) of shellfish, by species, harvested in the most recent calendar year.

PLEASE NOTE:

APPLICANTS MUST READ AND UNDERSTAND ALL REGULATIONS, REQUIREMENTS, AND CONDITIONS ASSOCIATED WITH THE PERMIT(S) THEY ARE APPLYING FOR: INCLUDING, BUT NOT LIMITED TO, N.J.A.C. 7:12-8 AND N.J.A.C. 7:12-9.

Application must be accompanied by a fee (check or money order) of \$25, for each permit to be submitted, in accordance with N.J.S.A. 58:24-3. The Commercial Shellfish Aquaculture Permit is currently exempt from the application fee. PLEASE DO NOT SEND CASH. Please make the check or money order payable to:

TREASURER, STATE OF NEW JERSEY.

Send to: Bureau of Marine Water Monitoring
P.O. Box 405 – Stoney Hill Rd.
Leeds Point, NJ 08220

If upon review of this application, the Bureau issues the applicant a permit, that permit is issued subject to the requirements and conditions as set forth in the regulations. Violation of such requirements or conditions may be subject to prosecution and/or penalties pursuant to N.J.S.A. 23:2B-14, 50:1-5 et seq., 58:24-9, 58:24-10, 58:24-10.1, and 2C:64-1 et seq. Enforcement actions may include, but not necessarily be limited to, suspension or revocation of the permit and the forfeiture of shellfish, which may be seized and returned to the water or destroyed. By signing this application below, the applicant states that he or she understands and agrees to comply with all such requirements and conditions.

APPLICANTS SIGNATURE

_____ (mm/dd/yyyy)
DATE