



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

FISH AND WILDLIFE

OFFICE OF THE ASSISTANT COMMISSIONER

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Governor

SHAWN M. LATOURETTE

Commissioner

SHEILA Y. OLIVER

Lt. Governor

APPLICATION FOR PERMISSION TO IMPORT SHELLFISH

Please submit applications to Megan Kelly with the Bureau of Shellfisheries via email – Megan.Kelly@dep.nj.gov

Name of Applicant: _____

Address: _____

Phone Number: (____) _____ - _____

Email Address: _____

Seed to be Imported:	_____	_____
	Common Name	Scientific Name (Species)

Seed Source / Location: _____
 (Hatchery Info & waterbody)

New Jersey Nursery Grounds (if applicable):

_____	_____	_____
Nursery	Location	Water Classification

Leased Ground to Be Planted:	_____	_____	_____
	Section	Lot #	Location (ex., Delaware Bay)

Description of plan for seed: _____

Quantity / Size:	_____	_____
	Total Number	Estimated Size (mm)

Is a histopathology report of the source seed included with the application? YES/NO

I certify that the information that I provided within this document is true and is in accordance with the N.J.S.A 50:1-34 and 50:1-35 pertaining to permission to plant or lodge shellfish.

Applicant's Signature

Date

