

Delaware Department of Natural Resources and Environmental Control
 Division of Fish and Wildlife
Application to Import Shellfish

***PLEASE CONTACT DNREC, DIVISION OF FISH AND WILDLIFE AT (302) 735-2960 PRIOR TO ARRANGING SHELLFISH DISEASE SCREENING ON THE ANIMALS TO BE IMPORTED.**

Instructions: Please print or type.

- The application must be received at least 7 days prior to the desired shipment to allow for processing.
- A separate application is necessary for each shipment and/or shellfish source.
- Application will not be approved until receipt of a certificate or report of shellfish health from an approved lab.
- **Send completed application to:** Delaware Division of Fish and Wildlife, Fisheries Section, 89 Kings Highway, Dover, DE 19901, Attn: Shellfish Aquaculture Permits

APPLICANT INFORMATION

Applicant Name:			
Street Address:			
City:	State:	ZIP Code:	
Mailing Address:			
City:	State:	ZIP Code:	
Telephone No.:	Email:		

SOURCE (ORIGIN/HATCHERY/NURSERY) INFORMATION

Name of Source (Company):			
Street Address:			
City:	State:	ZIP Code:	
Mailing Address:			
City:	State:	ZIP Code:	
Telephone No.:	Email:		

SPECIES OR MATERIAL TO BE IMPORTED

Intended Use:	
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SPECIES	AGE	QUANTITY	DESTINATION LEASE ID

Estimated Date of Shipment:	
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Shellfish Health Certificate/Report Attached:	Yes <input type="radio"/>	No <input type="radio"/>	
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Name and Phone Number of Testing Facility:	
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**Delaware Shellfish Aquaculture
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ACKNOWLEDGEMENTS

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant:

Date:

Printed Name of Applicant (Please include title if signing for applicant):