



2016 ADEC Shellfish Processors Application



Application instructions can be found: http://dec.alaska.gov/eh/fss/forms/forms_home.html

OWNER INFORMATION					
Name of Entity or Owner Responsible		ADEC Permit Number AK- Check if new <input type="checkbox"/>		Contact Name	
Company or Business Name		Permanent Phone Number		Fax Number	
Business Mailing Address		Radio/Cell Number		E-mail Address	
City	State	Zip Code	Check one:	C Corporation	S Corporation
				Individual	Partnership
					LLC
					Other
Federal EIN (Employer Identification Number) (No SSN#)		AK Fisheries Business License # Check if new		Processing or packaging done by another permitted firm? Firm's name:	
SHORE-BASED FACILITY INFORMATION					
Name of Facility		Previous Name of Facility (if applicable)		Name of Owner	
Physical Location of Facility (Physical Address is Required)		Number of Employees		APDES/NPDES Permit Number	
Facility/Seasonal Mailing Address		Does your facility provide food service? Food Service Permit Number:		Yes	No
				CFN/FEI (assigned by FDA)	
City	State	Zip Code	Seasonal Phone Number	Radio/Cell Number	
Plant Manager or Quality Control Contact		Fax number		E-mail Address	
TYPES OF FISHERIES / FEES			PAYMENT		
<u>BIVALVE SHELLFISH</u> <u>(CLAM/OYSTER/MUSSEL)</u> Shucker Packer - \$649 Repacker - \$325 Shellstock Shipper - \$162 Reshipper - \$162			Make checks payable to: State of Alaska Mail to: State of Alaska DEC - FSS, Shellfish Permits 555 Cordova St, 5 th Floor Anchorage, AK 99501 To pay by credit card, call (907)269-7501. <i>(Please do not include credit card number on this form.)</i> Payment Amount: \$_____		
What you must submit – 1.) New Applicants must complete pages 1-5, and submit drawings of the facility or vessel with the application. 2.) Operators submitting renewal applications for facilities that have undergone significant changes (including changes in ownership) must complete pages 1-5, and include drawings of structural or equipment changes. 3.) Operators who have permit numbers where the last three digits are between 000-300 must complete pages 1-5. You are not required to submit new plans unless you have made significant changes. 4.) All other operators (with permit numbers ending in (301-600 and 601-999) need only complete pages 1-2.					
There may be additional seafood processing requirements. If you have questions, please contact the following:		* ADF&G - Shellene Hutter at 907-465-6131 * Wastewater - Clynda Case at 907-269-7561 * Drinking Water - Cindy Christian at 907-451-2138			
SIGNATURE					
By signing this application, I agree to abide by the applicable provisions of Alaska Admin. Code 18 AAC 34. I declare under penalty of unsworn falsification that this application (including any accompanying statements) has been examined by me, and to the best of my knowledge and belief is true, correct and complete.					
Printed name of applicant (owner or officer)		Signature of applicant		Date	

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ACTIVITIES (Check every fishery resource, process, and packaging material you plan to purchase, process or export this year).		
Fishery Resource <small>Type of shellfish purchased, processed, or exported unprocessed</small>	Process	Packaging Material
1. Blue Mussel (<i>Mytilus trossulus</i>) 2. Geoduck Clam (<i>Panopea generosa</i>) 3. Littleneck Clam (<i>Protothaca staminea</i>) 4. Pacific Oyster (<i>Crassostrea gigas</i>) 5. Pacific Razor Clam (<i>Siliqua patula</i>) 6. Pink Scallop (<i>Chlamys rubida</i>) 7. Purple-Hinged Rock Scallop (<i>Crassadoma giganteus</i>)	1. Shellfish Harvester - Selling Live 2. Shellfish Shipper Dealer = SS 4. Shellfish Shucker/Packer Dealer = SP 5. Shellfish Re-Packer Dealer = RP 6. Shellfish Re-Shipper Dealer = RS	<input type="checkbox"/> 1. Vacuum Bags <input type="checkbox"/> 2. Can <input type="checkbox"/> 3. Retort Pouch <input type="checkbox"/> 4. Glass Pack <input type="checkbox"/> 5. Waxed Box w/ Liner <input type="checkbox"/> 6. Plastic or Other Bag <input type="checkbox"/> 7. Bulk <input type="checkbox"/> 8. Hard Plastic Container <input type="checkbox"/> 9. Other Specify: _____

PRODUCT AND PACKAGING DETAILS (Use the numbers checked above to complete this section).																						
Fishery Resource <small>Fishery resource used in a finished product</small>	Process <small>Process used in a finished product</small>	Estimated Maximum Pounds of fishery resource used in production per day	Packaging Material used for final/finished product	Final/Finished Product Storage: <small>Refrigerated, ice, shelf-stable, frozen</small>	Check Months of Anticipated Harvest																	
					January	February	March	April	May	June	July	August	September	October	November	December						

INGREDIENTS AND ADDITIVE INFORMATION (List all ingredients and additives used for any product listed above).
Brining ingredients:
Product ingredients:
Additives:
Source of ice (Name of company supplying ice):

How does the firm distribute the final product: _____

Show the percentage of products sold:

Retail _____% Wholesale _____% Intrastate _____% Interstate _____% Export _____%

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CORPORATIONS, LLC's, PARTNERSHIPS or OTHER
(List the parent corporation on the first line if applicable. List names of all corporate officers or partners of the entity applying for this permit. If you have multiple officers or partners, please submit the information on a separate page).

Parent Corporation Name (if applicable)			Federal EIN
President/Owner/Partner			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

Vice President/Owner/Partner			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

Secretary/Treasurer/Owner/Partner			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

AFFILIATED SEAFOOD PROCESSING FIRMS
(List the name(s) and address(es) of associated firms that are permitted to process seafood in Alaska. If you have more firms than will fit below, please submit the information on a separate page).

Company or Business Name			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

Company or Business Name			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

Company or Business Name			Phone Number
Business Mailing Address			Fax Number
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HARVEST AREAS *(Check all that apply).*

- A. Juneau, Hoonah, Elfin Cove, Yakutat, Angoon, Tenakee
- B. Ketchikan, Craig
- C. Petersburg, Wrangell
- D. Sitka, Pelican
- E. Prince William Sound
- F. EEZ _____
- H. Cook Inlet
- K. Kodiak
- L. Chignik
- M. Alaska Peninsula
- O. Dutch Harbor
- Q. Bering Sea
- R. Adak, Western Aleutians
- T. Bristol Bay
- W. Kuskokwim
- X. Kotzebue
- Y. Yukon
- Z. Norton Sound



WATER

*Complete information below that is applicable to each drinking, and processing water system.
Contact the Drinking Water program at (866) 956-7656 (outside of Anchorage), or (907) 269-7656 (in Anchorage).*

Water Type	ID# or Source	Gallons/Day	Disinfectant Used	PPM	Method
Public Water System	ID#				N/A
Fresh Water – (Other than Public Water System)	Source				<input type="checkbox"/> Direct-Injection <input type="checkbox"/> Batch Vessel < 65'
Salt Water (Used for Processing)	Specific Water Body(s)				<input type="checkbox"/> Direct-Injection <input type="checkbox"/> Batch Vessel < 65'
Do you have a Daily Disinfection Log for processing water?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

