



2017 ADEC Shellfish Processors Application

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program



Section I - General Information (All applicants complete entire section – please print).

Purpose (check one) Renewal New* Information Change* Extensive change* Change of owner/operator*

* If there has been an extensive change in the facility, products or process or this is a New Facility, you are required to fill out the Seafood Processing Plan Review Checklist. If you are New, there has been an information change or change of Owner/Operator complete Seafood Processors Business Form A.

| | | | | | | | |
|----------------------------|---|--|---------------|------|-------------------------------------|-------|-----|
| Owner/Business Information | Name of Entity or Owner | | ADEC Permit # | | AK Fisheries Business License # | | |
| | Business/Corporate Mailing Address | | | City | | State | Zip |
| | Business/Corporate Phone | | Email | | Fax | | |
| | Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party | | | | Number of Employees in Corporation: | | |
| | Type of Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Other (specify): Would you like to be listed on the ICSSL, Interstate Certified Shellfish Shipper List? Yes No | | | | | | |

| | | | | | | | |
|---------------------------------|------------------|-------|--|-----------------------|---------------------------------|-------------------|-----|
| Processing Facility Information | Name of Facility | | Physical Location (required) | | Number of Employees at Facility | | |
| | Mailing Address | | | City | | State | Zip |
| | City | State | Zip | Seasonal Phone Number | | Radio/Cell Number | |
| | Contact Person | | Plant Manager (PM) or Quality Control (QA) Contact | | PM/QA Email | | |

Type of Shellfish Dealer: Shucker Packer Shellfish Shipper Reshipper Repacker

| | | | | | | |
|--------------------|---|-------|---|------------------------------|-------------------------------|--|
| Vessel Information | Name of Vessel | | Previous Name of Vessel (if applicable) | | Number of Employees on Vessel | |
| | Owner Name | | Vessel Manager or Quality Control Contact | | Manager or QA Email | |
| | Alaska Port(s)/Mooring Locations | | | | Fax | |
| | Vessel Seasonal Mailing Address <input type="checkbox"/> Same as above | | Seasonal Phone Number | | Radio/Cell Number | |
| | City | State | Zip | Vessel Contact email address | | |

Section II - Product, Packaging & Distribution (All applicants complete entire section – please print).

A. Fishery Resource Utilized. Check all that apply

- Blue Mussel (*Mytilus trossulus*)
 Littleneck Clam (*Protothaca staminea*)
 Pacific Razor Clam (*Siliqua patula*)
 Purple-Hinged Rock Scallop (*Crassadoma giganteus*)
 Geoduck Clam (*Panopea generosa*)
 Pacific Oyster (*Crassostrea gigas*)
 Pink Scallop (*Chlamys rubida*)

B. Processes. Check all that apply

- Shellfish Harvester - Selling Live
 Shellfish Shucker/Packer Dealer = SP
 Shellfish Re-Shipper Dealer = RS
 Shellfish Shipper Dealer = SS
 Shellfish Re-Packer Dealer = RP

C. Packaging Material. Check all that apply

- Box with liner
 Glass Container
 Retort Pouch
 Bulk/Tote
 Hard Plastic Container/Tray
 Vacuum Bag/Sleeve
 Can
 Poly or Fiber Bag
 Other Material (specify):

D. Harvest Months. Check all months processing seafood

- January February March April May June
 July August September October November December

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E. Distribution and Transportation *Retail - directly to consumers; Wholesale - distributor, grocery store, restaurant, secondary processor; Intrastate - Within Alaska; Interstate - Stateside; Export - Outside US*

Show the percentage of products sold:

Retail _____% + Wholesale _____% = 100% Intrastate _____% + Interstate _____% = 100% Export _____%

Describe the method of transport from your facility/vessel to intended market: _____

F. 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



SECTION III - WATER AND WASTEWATER *Contact the Waste Water Program at (907) 269-7561. Contact the Drinking Water program at (866) 956-7656 (outside of Anchorage), or (907) 269-7656 (in Anchorage).*

A. Water

| Water Type | ID# or Source | Gallons/Day | Disinfectant Used | PPM | Method |
|--|------------------------|-------------|-------------------|-----|---|
| Public Water System | ID# | | | | <input type="checkbox"/> Direct-Injection <input type="checkbox"/> Batch Vessel < 65' |
| 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? Yes No

B. Wastewater

| Treatment Type | Disposal Method | Capacity |
|--|---|-------------------|
| <u>Municipal System</u> | Direct Connection to: City of: _____ Municipality of: _____ Village of: _____ | Gallons/day (gpd) |
| <u>Septic System</u> ADEC Plan Review # | <u>On-lot to Subsurface</u> <input type="checkbox"/> Bed: _____ SF <input type="checkbox"/> Trench: _____ SF <input type="checkbox"/> Other: _____ SF | Gallons/day (gpd) |
| <u>Other</u> (describe) | Other (describe) | Gallons/day (gpd) |

Section IV - Fees and Payment

Types of Processors/Fees (check applicable type)

- BIVALVE SHELLFISH(CLAM/OYSTER/MUSSEL)
- Shucker-Packer - \$649
 - Repacker - \$325
 - Shellstock Shipper - \$162
 - Reshipper - \$162

Payment

Make checks payable to: State of Alaska

Mail to: State of Alaska
DEC – FSS, Seafood Permits 555
Cordova St, 5th Floor Anchorage, AK 99501

To pay by credit card, call (907) 269-4552.
Please do not include credit card number on this form.

Payment Amount: \$ _____

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. I agree to pay all fees before operating.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____ Title _____