



2017 Application for Seafood Processing Permit

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



Section 1- 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			DEC Issued AK Permit #	
	Business/Corporate Mailing Address		City	State	Zip
	Business/Corporate Phone		Email	Fax	
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party			Is the Business an Importer: <input type="checkbox"/> Yes <input type="checkbox"/> No	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): Corporate Gross Annual Food Sales: <input type="checkbox"/> ≤ 249,999 <input type="checkbox"/> 250,000-499,999 <input type="checkbox"/> 1,000,000-2,499,999 <input type="checkbox"/> ≥ 2,500,000 <input type="checkbox"/> Unknown				

Land Based 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

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 2 - Product & Packaging Details (All applicants complete entire section – please print).

A. Fishery Resource Utilized. Check all that apply

<input type="checkbox"/> Black Cod/Sablefish	<input type="checkbox"/> Halibut	<input type="checkbox"/> Pacific Cod	<input type="checkbox"/> Roe	<input type="checkbox"/> Scallops	<input type="checkbox"/> Crab	<input type="checkbox"/> Herring	<input type="checkbox"/> Rockfish
<input type="checkbox"/> Pollock	<input type="checkbox"/> Salmon	<input type="checkbox"/> Sea Cucumbers	<input type="checkbox"/> Shrimp	<input type="checkbox"/> Sole	<input type="checkbox"/> Other Fishery Resource (specify): _____		

B. Processes. Check all that apply

<input type="checkbox"/> Cooking (Water/Steam)	<input type="checkbox"/> Ice Manufacturing	<input type="checkbox"/> Roe - Salted	<input type="checkbox"/> Smoking	Check how product(s) will be held:	
<input type="checkbox"/> Drying	<input type="checkbox"/> Mixing/Formulating	<input type="checkbox"/> Salting/Brining (Wet/Dry)	<input type="checkbox"/> Hot		<input type="checkbox"/> Frozen
<input type="checkbox"/> Freezing	<input type="checkbox"/> Pickling/Acidify	<input type="checkbox"/> Breading/Battering	<input type="checkbox"/> Cold		<input type="checkbox"/> Refrigerated
<input type="checkbox"/> Fish Oil	<input type="checkbox"/> Roe Recovery/Green	<input type="checkbox"/> Surimi	<input type="checkbox"/> Thermal		<input type="checkbox"/> Shelf stable
<input type="checkbox"/> Heading/Butchering			<input type="checkbox"/> Other: _____		

C. Packaging Material. Check all that apply

<input type="checkbox"/> Box with liner	<input type="checkbox"/> Glass Container	<input type="checkbox"/> Retort Pouch
<input type="checkbox"/> Bulk/Tote	<input type="checkbox"/> Hard Plastic Container/Tray	<input type="checkbox"/> Vacuum Bag/Sleeve
<input type="checkbox"/> Can	<input type="checkbox"/> Poly or Fiber Bag	<input type="checkbox"/> Other Material (specify): _____

D. Harvest Months. Check all months processing seafood

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> 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
- Y. Yukon



Section III - Fees and Payment

Types of Processors/Fees (check applicable type)

FACILITY

- Shore-based < 5000 lbs/day - \$795
- Shore-based > 5000 lbs/day - \$2,094
- Cannery < 5000 lbs/day - \$1,120
- Cannery ≥ 5000 lbs/day - \$2,094
- Direct Market Land-Based - \$200

VESSEL

- Direct Marketing Vessel <65ft - \$325
- Vessels < 5000 lbs/day - \$795
- All other vessels > 5000 lbs/day - \$2,094

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 _____