



2018 Shellfish Harvester Application
 Alaska Department of Environmental Conservation
 Division of Environmental Health
 Food Safety & Sanitation Program



APPLICATION INSTRUCTIONS

This annual application must be submitted for a person who harvests bivalve shellfish from a classified growing area to be sold as part of commerce and intended for human consumption.

Describe in a narrative: (1) Shellfish holding container material, temperature controls, and how product is protected from contamination during transport to the buyer. (2) Provide a map and description of the location of the shellfish growing or harvest area.

Submit a waterproof, tear proof shellfish tag that is used for tagging harvested shellfish. Minimum size must be 2-5/8 inches X 5-1/4 inches. **A sample of a harvester's tag must be submitted with a new permit application or with a renewal permit application.**

The tags must contain the information in the order shown in the example below.

TAG EXAMPLE

KEEP REFRIGERATED	Name and Address:	
	Harvest Permit Number:	
	Harvest Date:	Date Shipped:
	Harvest Area:	AK
	Type of Shellfish:	
	Quantity of Shellfish:	
	THIS TAG IS REQUIRED TO BE ATTACHED UNTIL CONTAINER IS EMPTY OR IS RETAGGED AND THEREAFTER KEPT ON FILE FOR 90 DAYS	

The Fee for this permit is **\$162.00**. Type or print all responses.

A "Harvester" is defined as any person who takes shell stock by any means from a shellfish growing area to be sold as part of commerce and intended for human consumption. A Harvester shall submit to the Department a completed Shellfish Harvester's application provided by the Department. A Harvester who is also a permitted Shellfish Dealer (Shellfish Shipper or Shucker Packer) does not need to apply for a Harvester's Permit.

Shellfish dive/harvest vessels must be permitted by the Alaska Department of Environmental Conservation (ADEC). If your vessel or the vessel you intend to dive from is not permitted, the vessel owner must apply for a Geoduck dive vessel permit. All commercial shellfish harvesting must be in a classified area, and harvesters must list each harvest area they will operate in. Harvesters must sell to permitted shellfish dealers. The name(s) of the shellfish dealers must be listed in the application.

Bait shellfish must be dyed. Use FD&C#1 Blue dye prior to leaving the harvest area. **Explain where and how bait shellfish will be handled and identified on your vessel.** Bait shellfish may not be stored or transported with product for human consumption from an unapproved area.

Mail application, plans, drawings, narrative, tag example and fees to: Alaska DEC-FSS Program – Shellfish Permits, 555 Cordova Street, 5th Floor, Anchorage, AK 99501.

Contact: George Scanlan Ph: (907) 269-7638, e-mail dec.shellfish@alaska.gov
 Main Anchorage number: Ph: (907) 269-7501/Fax: (907) 269-7510.

2018 Shellfish Harvester Application

Business Information	Individual or Corporation Name			DEC AK Permit Number <input type="checkbox"/> Check if new	
	Company or Doing Business As:			Permanent Telephone #	
	Business Mailing Address			Fax #	
	City	State	Zip	Email	
	Check one: <input type="checkbox"/> C Corporation <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other			Number of divers	

Vessel Information	Dive Vessel Permit # (DEC AK#)		Vessel Name
	Owner of Vessel		

Classified Harvest Area and Species Information	Class. Harvest Area	Shellfish Species	Bait Harvest?	Max Harvest Capability for Raw Product Pounds/Day or Dozen/Day	Anticipated Total Harvest Pounds or Dozen/year	Check Months of Anticipated Harvest
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Harvest Activities	List name(s) of company(ies) to whom product will be sold:
---------------------------	--

Payment/Fees	<input type="checkbox"/> Shellfish Harvester - \$162	<p>Make checks payable to: State of Alaska</p> <p style="text-align: center;">Mail to: State of Alaska DEC – FSS, Shellfish Permits 555 Cordova St, 5th Floor Anchorage, AK 99501</p> <p>To pay by credit card, call (907)269-7501. <i>(Please do not include credit card number on this form.)</i></p> <p>Payment Amount: \$ _____</p>
---------------------	--	--

Signature	<p>As a Harvester, you are permitted to sell only to licensed shellstock shippers or Shucker Packers in the State of Alaska certified by the Department. I certify that I have read Article 2, Shellfish Processing Section in 18 AAC 34, Fish Inspection Regulations. I agree to comply with the sections applicable to shellfish harvesting. 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.</p>		
	_____	_____	_____
	Printed name of applicant	Signature of applicant	Date

Retain a copy for your records