



2018 ADEC Shellfish Processor Permit Application Instructions



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



Photo courtesy of Alaska Department of Environmental Conservation

MAIL COMPLETED APPLICATIONS, PLANS, DRAWINGS, AND FEES TO:

DEC-FSS, Shellfish Permits
555 Cordova Street, 5th Floor
Anchorage, AK 99501

Credit card payments may be made to (907) 269-4552 or 269-7501

NOTE: Credit card payments cannot be processed until application is received.

CONTACTS:

FOR SHELLFISH:

George Scanlan
Ph: (907) 269-7638
Fax: (907) 269-7510

dec.shellfish@alaska.gov

FOR SHELLFISH:

Cassandra Holvoet
Ph: (907) 269-4552
Fax: (907) 269-7510

seafoodprocessing@alaska.gov

Forms available online at: http://www.dec.alaska.gov/eh/fss/forms/forms_home.html

It may take up to 60 days to process an ADEC permit application.

❖ **NEW APPLICANTS**

- Complete Shellfish Processors application pages 1-2, Seafood Processors Business Form A and Seafood Plan Review checklist.

❖ **PERMIT RENEWAL APPLICANTS –**

- Complete Shellfish Processors application pages 1-2.
- You are not required to submit new plans unless you have made significant changes including changes in ownership.
- You are not required to submit Seafood Processors Business Form A unless you are a new operator, there has been an information change or there have been extensive changes including changes in ownership.

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OWNER INFORMATION

Fill in the **Owner Information** section with accurate and correct information

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):					

Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party: Include the name of the individual or corporation that is legally-responsible for the vessel or shore-based facility.

Business Type: If you are not sure of the type of business you operate, contact the [Division of Corporations, Business & Professional Licensing](#)

AK Fisheries Business License #: Contact [ADF&G](#) if you do not know your AK Fisheries Business License number.

PROCESSING FACILITY

Please fill out the Processing Facility information as accurate as possible. If your processing facility is a vessel you may disregard this section and move on to the "Vessel Information" section.

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: <input type="checkbox"/> Shucker Packer <input type="checkbox"/> Shellfish Shipper <input type="checkbox"/> Reshipper <input type="checkbox"/> Repacker						Shellfish Dealer Tag Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No

Physical location of Facility: Provide the physical location of the plant. If there is no street address, you may provide a location description such as, "Mile 1, Naknek Road."

Number of Employees at Facility: The "Number of Employees" should reflect the peak number of total employees at that location.

Mailing Address: If the mailing address is different from the business/corporate mailing address, include that information. Regardless of where you indicate you want your mail to be sent during the season, include the seasonal phone number, radio/cell number, and email address.

Shellfish Dealer Tag: Check appropriate box. You are required to submit an actual approved Shellfish Dealer Tag to the Shellfish Permit Coordinator for approval.

Example of a Shellfish Dealer Tag minimum requirements below. Tag must be printed on durable and waterproof material with a minimum size of 13.8 square inches.

VESSEL INFORMATION

Please complete the "Vessel Information" section as accurately as possible.

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	

Name of Vessel and address: Indicate the registered name of the vessel, and the mailing address where the vessel manager receives mail during the harvest season.

Product, Packaging & Distribution

A. Fishery Resource Utilized. Check all that apply					
<input type="checkbox"/> Blue Mussel (<i>Mytilus trossulus</i>)	<input type="checkbox"/> Littleneck Clam (<i>Protothaca staminea</i>)	<input type="checkbox"/> Pacific Razor Clam (<i>Siliqua patula</i>)	<input type="checkbox"/> Purple-Hinged Rock Scallop (<i>Crassadoma giganteus</i>)		
<input type="checkbox"/> Geoduck Clam (<i>Panopea generosa</i>)	<input type="checkbox"/> Pacific Oyster (<i>Crassostrea gigas</i>)	<input type="checkbox"/> Pink Scallop (<i>Chlamys rubida</i>)			
B. Processes. Check all that apply					
<input type="checkbox"/> Shellfish Harvester - Selling Live	<input type="checkbox"/> Shellfish Shucker/Packer Dealer = SP	<input type="checkbox"/> Shellfish Re-Shipper Dealer = RS			
<input type="checkbox"/> Shellfish Shipper Dealer = SS	<input type="checkbox"/> Shellfish Re-Packer Dealer = RP				
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

Fisheries Resource: Check each Shellfish species that you will process this season.

Process: Check the box next to each Process you will conduct at your facility this season.

Packaging Material: Specify the packaging materials that you will be using in your process. If you are using a packaging material not listed, list it in the "Other Specify" area.

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DISTRIBUTION

Explain how you transport your product to buyers or secondary processors (e.g., air, barge, truck, or a combination). Give an estimate of the following:

E. Distribution and Transportation <i>Retail - directly to consumers; Wholesale - distributor, grocery store, restaurant, secondary processor; Intrastate - Within Alaska; Interstate - Stateside; Export - Outside US</i>			
Show the percentage of products sold:			
Retail _____ %	+ Wholesale _____ % = 100%	Intrastate _____ %	+ Interstate _____ % = 100%
Estimated total annual shellfish production in lbs/dozens _____		Export _____ %	

Retail and Wholesale

- For all of the products that the plant/vessel produces, indicate the percentage that is sold retail (e.g., directly to consumers) and the percentage that is sold wholesale (e.g., to a distributor, grocery store, restaurant, secondary processor). The percentages of retail and wholesale must equal 100 percent.

Intrastate, Interstate, and Export

- For all of the products that the plant/vessel produces, indicate the percentage that is sold intrastate (within state of Alaska), the percentage sold interstate (outside of Alaska domestically- to lower 48 states and Hawaii), and the total product that the plant/vessel produces that is exported to another country. The total percentages of the Intrastate, Interstate, and Export must be equal to 100 percent.

HARVEST AREAS

Check each box next to the area(s) where you intend to harvest seafood.

HARVEST AREAS (Check all that apply)	
<input type="checkbox"/>	A. Juneau, Hoonah, Elfin Cove, Yakutat, Angoon, Tenakee
<input type="checkbox"/>	B. Ketchikan, Craig
<input type="checkbox"/>	C. Petersburg, Wrangell
<input type="checkbox"/>	D. Sitka, Pelican
<input type="checkbox"/>	E. Prince William Sound
<input type="checkbox"/>	F. EEZ
<input type="checkbox"/>	H. Cook Inlet
<input type="checkbox"/>	K. Kodiak
<input type="checkbox"/>	L. Chignik
<input type="checkbox"/>	M. Alaska Peninsula
<input type="checkbox"/>	O. Dutch Harbor
<input type="checkbox"/>	Q. Bering Sea
<input type="checkbox"/>	R. Adak, Western Aleutians
<input type="checkbox"/>	T. Bristol Bay
<input type="checkbox"/>	W. Kuskokwim
<input type="checkbox"/>	X. Kotzebue
<input type="checkbox"/>	Y. Yukon
<input type="checkbox"/>	Z. Norton Sound

WATER

Public Water System:

If you use water from a Public Water System, list the PWS ID#, which can be obtained from the [ADEC Drinking Water program](#) at (866) 956-7656, or (800) 770-2137.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Fresh Water, other than Public:

If you are using **fresh** water from a source other than a Class A system note the estimated gallons of water used per day, the disinfectant used (chlorine, or alternative method as approved by ADEC), and how the disinfectant will be added (direct injection, or batch chlorination).

Processing Salt Water:

Indicate the specific water body of water where the processing water will be drawn from. Note the estimated gallons of water used per day, the disinfectant used (chlorine, or alternative method as approved by ADEC), and how the disinfectant will be added (direct injection, or batch chlorination).

A *daily disinfection log* is a record that shows the daily measurement of chlorine or other disinfectant in the processing water taken by the firm/vessel.

WASTE WATER DISPOSAL

Contact the [ADEC Wastewater Permitting Program](#): (907) 269-7561 if you are unsure about information requested.

SHORE-BASED FACILITIES

Indicate the type of system where your waste water will be discharged. If your facility is hooked up to a municipal system please indicate the system name. For all other types of wastewater treatment include the ADEC plan review number which can be obtained through the [ADEC Engineering Support and Plan Review](#). If you are discharging into a marine waterway indicate that water body. Indicate the estimated gallons of wastewater that you will be discharging daily.

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 # _____	On-lot to Subsurface <input type="checkbox"/> Bed: _____ SF <input type="checkbox"/> Trench: _____ SF <input type="checkbox"/> Other: _____ SF	Gallons/day (gpd)
<u>Other (describe)</u>	Other (describe)	Gallons/day (gpd)

TYPES OF FISHERIES / FEES

Check the box and submit the proper fee. If you are not sure of your permit type, contact ADEC. Applications will not be processed until payment is received (Check, Money Order or Credit Card payment).

SIGNATURE

IMPORTANT: ADEC cannot process your application without a signature and date.

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 (Print off and sign)	Date