



2018 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 Interstate Certified Shellfish Shipper List? (ICSSL) 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:	<input type="checkbox"/> Shucker Packer	<input type="checkbox"/> Shellfish Shipper	<input type="checkbox"/> Reshipper	<input type="checkbox"/> Repacker	Shellfish Dealer Tag Submitted: Yes No	
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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						
<input type="checkbox"/> Blue Mussel (Mytilus edulis)	<input type="checkbox"/> Littleneck Clam (Protothaca staminea)	<input type="checkbox"/> Pacific Razor Clam (Siliqua patula)	<input type="checkbox"/> Purple-Hinged Rock Scallop (Crassadoma giganteus)	<input type="checkbox"/> Geoduck Clam (Panopea generosa)	<input type="checkbox"/> Pacific Oyster (Crassostrea gigas)	<input type="checkbox"/> Pink Scallop (Chlamys rubida)
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	

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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 _____%

Estimated total annual shellfish production in lbs/dozens _____

- 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
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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)	Payment
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BIVALVE SHELLFISH (CLAM/OYSTER/MUSSEL) <input type="checkbox"/> Shucker-Packer - \$649 <input type="checkbox"/> Repacker - \$325 <input type="checkbox"/> Shellstock Shipper - \$162 <input type="checkbox"/> Reshipper - \$162	Make checks payable to: State of Alaska Mail to: State of Alaska DEC – FSS, Seafood Permits 555 Cordova St, 5 th 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: \$ _____
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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