



2019 ADEC Shellfish Dealers Application

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



Section I - General Information

Purpose: Renewal New* Information Change* Extensive Change* Change of owner/operator*

* If this is a new facility, change of owner, or there have been extensive facility, product, or process changes - you are required to fill out the Seafood Processing Plan Review Checklist. If you are a new owner, or if this is a new facility, or if there has been an information change, complete the Seafood Processors Business Form A.

Owner/Business Information	Name of Entity or Owner		Business Code	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					

Type of Entity: Individual Partnership Corporation C Corp S Corp Other(specify):
Would you like to be listed on the ICSSL, Interstate Certified Shellfish Shipper List? Yes No

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

Classified Harvest Area and Species	Class. Harvest Area	Shellfish Species	Max Harvest Capability for Raw Product Pounds/Day or Dozen/Day	Anticipated Total Harvest Pounds or Dozen/Year	Months of Anticipated Harvest
					<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec

A. Packaging Material

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

B. Distribution and Transportation:

Show the percentage of products sold: Retail _____% + Wholesale _____% = 100%
(directly to consumer) *(to distributor, store, restaurant, or secondary processor)*

Show the percentage of products sold: Intrastate _____% + Interstate _____% = 100% Export _____%
(within Alaska) *(outside Alaska, including Export %)* *(out of the US only)*

Section II - Fees and Payment

Shellfish Dealer Type and Fee (check applicable type):

SP-Shellfish Shucker Packer \$649
 SS-Shellfish Shipper \$162
 RS- Shellfish Reshipper \$162
 RP- Shellfish Re-packer \$325

To pay by credit card over the phone, call: 907-269-4552 or 907-269-7501
To pay by check or money order, make checks payable to: State of Alaska

Mailing Address: State of Alaska
DEC - Food Safety and Sanitation
555 Cordova St., Fifth Floor
Anchorage, AK 99501

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 and understand no refund will be given on issued permits (per 18 AAC 34.900 (g)).

Applicant's Signature: _____ Date: _____

Printed Name: _____ Title: _____

For ADEC Use Only: Rec Dt/Init _____ Enter Dt/Init _____
Check Received Date _____ Check # _____ Check Date _____ Check Amount _____ Init _____