



2016 ADEC Seafood 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, Seafood 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 SEAFOOD:

Rebecca Stephany
Ph: (907) 269-7505
Fax: (907) 269-7510

rebecca.stephany@alaska.gov

FOR SEAFOOD:

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

cassandra.holvoet@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.

APPLICATION INSTRUCTIONS

WHICH PAGES DO I FILL OUT?

NEW APPLICANTS

- Complete pages 1-5; and
- Submit drawings of the facility or vessel with the application.

PERMIT RENEWAL APPLICANTS – LAST THREE DIGITS OF PERMIT NUMBER IS BETWEEN 000 AND 300

- Complete pages 1-5.
- You are not required to submit new plans unless you have made significant changes.

PERMIT RENEWAL APPLICANTS – ALL OTHER OPERATORS WHOSE LAST THREE DIGITS OF PERMIT NUMBER ARE BETWEEN (301-600) AND (601-999)

- Complete pages 1-2
- You are not required to submit new plans unless you have made significant changes.

PERMIT RENEWAL APPLICANTS - SIGNIFICANT CHANGES (INCLUDING CHANGES IN OWNERSHIP)

- Complete pages 1-5; and
- Include drawings of the facility or vessel, indicating structural or equipment changes.

Seafood Processor Application, Page 1

OWNER INFORMATION

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

<div style="border: 1px solid black; padding: 2px;"> Include the name of the individual or corporation responsible for the vessel or shore-based facility. </div>			<div style="border: 1px solid black; padding: 2px;"> If you are new and have not received a number, Check if new box. </div>		
OWNER INFORMATION					
Name of Entity or Owner Responsible		ADEC Permit Number AK- <input type="checkbox"/> Check if new		Contact Name	
Company or Business Name		Permanent Phone Number		Fax Number	
Business Mailing Address			Radio/Cell Number		E-mail Address
City	State	Zip Code	Check one: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Federal EIN (Employer Identification Number) (No SSN#)			AK Fisheries Business License # <input type="checkbox"/> Check if new		Processing or packaging done by another permitted firm? Firm's name:
<div style="border: 1px solid black; padding: 2px;"> If you do not have a Federal EIN number leave blank. Do NOT include your SSN. </div>			<div style="border: 1px solid black; padding: 2px;"> You receive this number from AK Fish and Game. </div>		<div style="border: 1px solid black; padding: 2px;"> If you pay another facility to process your catch indicate the name of the facility. </div>

Contact Name: Include the name of the individual or corporation that is legally-responsible for the vessel or shore-based facility. The “Contact Name” is typically the person you would like us to contact if we have questions about the application or the facility.

Federal EIN Number: If you do not have a Federal EIN number, leave this space blank. **Do not include a Social Security Number on the application.**

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.

SHORE-BASED

Shore-based means that your operation is stationary on land. Please fill out the “Shore Based” 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.

<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> Include the physical location of the facility. </div>			<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> If a new owner, include the previous firm name. </div>			<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> If applicable, include your discharge permit number </div>		
SHORE-BASED FACILITY INFORMATION								
Name of Facility			Previous Name of Facility (if applicable)			Name of Owner		
Physical Location of Facility (Physical Address is Required)			Number of Employees			APDES/NPDES Permit Number		
Facility/Seasonal Mailing Address			Does your facility provide food service? <input type="checkbox"/> Yes <input type="checkbox"/> No			CFN/FEI (assigned by FDA)		
Food Service Permit Number:			Seasonal Phone Number			Radio/Cell Number		
City	State	Zip Code						
Plant Manager or Quality Control Contact			Fax number			E-mail Address		
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> Where you receive mail for the facility during operation. </div>			<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> Phone number where facility can be reached during seasons of operation. </div>					

Name of Owner: In this section, the “Name of Owner” may be the same as the information you provided above, or may be a seasonal contact.

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: he “Number of Employees” should reflect the peak number of total employees at that location.

APDES/NPDES Permit Numbers: If you do not know your “APDES/NPDES Permit Number, contact the [Wastewater Discharge Authorization](#) program.

Seasonal Mailing Address: If the seasonal mailing address is different from the permanent 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, fax number, and email address.

Food Service: Food service means that you provide food to employees or operate a retail store or food business at the facility.

CFN/FEI: The CFN/FEI is the Central File Number or Federal Establishment ID that is issued by U.S. Food and Drug Administration.

VESSEL INFORMATION

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

<div style="border: 1px solid black; padding: 2px; display: inline-block;">This number is assigned by the FDA.</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">If you are a new owner, include the previous vessel name.</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">This number is assigned by NOAA.</div>	
VESSEL INFORMATION					
Name of Vessel		Previous Name of Vessel (if applicable)		NOAA Fed Fisheries Permit #	
Owner Name		USCG Vessel Documentation Number		APDES/NPDES Permit Number	
Vessel Manager or Quality Control Contact		CFN/FEI (assigned by FDA)		Overall Vessel Length	
Alaska Port/Mooring Location		Number of Employees		ADF&G Vessel # Issued by CFEC	
Vessel/Seasonal Mailing Address		Seasonal Phone Number		Radio/Cell Number	
City	State	Zip Code	Fax number	E-mail Address	
<div style="border: 1px solid black; padding: 2px;">Where the vessel receives mail during operating season.</div>		<div style="border: 1px solid black; padding: 2px;">Include the Alaskan port where the vessel offloads the majority of their product.</div>		<div style="border: 1px solid black; padding: 2px;">Phone number where vessel can be reached during seasons of operation.</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">If applicable, include your discharge permit number.</div>					

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.

NOAA Fed Fisheries Permit #: If you do not know your NOAA Federal Fisheries Permit number, contact the [NOAA Alaska Regional Office](#).

USCG Vessel Documentation number: If you do not know your USCG Vessel Documentation number, contact the [USCG National Vessel Documentation Center](#).

APDES/NPDES Permit Numbers: If you do not know your "APDES/NPDES Permit Number, contact the [Wastewater Discharge Authorization](#) program.

CFN/FEI: The CFN/FEI is the Central File Number or Federal Establishment ID that is issued by U.S. Food and Drug Administration.

ADF&G Vessel #: If you do not know your Commercial Vessel License number, contact the [Commercial Fisheries Entry Commission](#).

TYPES OF FISHERIES / FEES

Check the box and submit the proper fee. If you are not sure of your permit type, contact ADEC.

SIGNATURE

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

Use the numbers checked in the "Activities" section to fill in this section. Use a separate line for each product. Check the months that you intend to operate.

PRODUCT AND PACKAGING DETAILS <i>(Use the numbers checked above to complete this section).</i>																
Fishery Resource Fishery resource used in a finished product	Process Process used in a finished product	Estimated Maximum Pounds of fishery resource used in production per day	Packaging Material used for final/finished product	Final/Finished Product Storage: Refrigerated, ice, shelf-stable, frozen	Check Months of Anticipated Harvest											
					January	February	March	April	May	June	July	August	September	October	November	December
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 (Crab)		1000lbs	Frozen													
6 (Cooking/Water)		5 (Waxed box w/Liner)														

Example: The below table describes an operator who operates in October & November, COOKS IN WATER approximately 1000 lbs of CRAB per day, packages the product in WAXED BOXES W/LINERS, and then FREEZES the finished product

INGREDIENTS AND ADDITIVE INFORMATION

Attach an additional sheet of paper if needed.

INGREDIENTS AND ADDITIVE INFORMATION <i>(List all ingredients and additives used for any product listed above).</i>	
Brining ingredients:	
Product ingredients:	
Additives:	
Source of ice (Name of company supplying ice):	
List any additives (glazing agents, sulfites, etc).	List source of ice used for seafood processing.

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:

How does the firm distribute the final product: _____

Show the percentage of products sold:
Retail _____% Wholesale _____% Intrastate _____% Interstate _____% 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.

Seafood Processor's Application, Page 3

CORPORATIONS, LLCs, PARTNERSHIPS OR OTHER

If you checked that the firm operates as a corporation, LLC, partnership, or similar business, list the registered corporate officers, members, agents and partners of the entity applying for this permit. If you have multiple officers or partners, you may submit the information on a separate page.

CORPORATIONS, LLC's, PARTNERSHIPS or OTHER <i>(List the parent corporation on the first line if applicable. List names of all corporate officers or partners of the entity applying for this permit. If you have multiple officers or partners, please submit the information on a separate page).</i>			
Parent Corporation Name (if applicable)			Federal EIN
President/Owner/Partner			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

AFFILIATED SEAFOOD PROCESSING FIRMS

If this plant/vessel is owned by a company that operates other seafood processing plants/vessels in Alaska, provide the name(s) and contact information of all owners. You may submit additional information on a separate page.

AFFILIATED SEAFOOD PROCESSING FIRMS <i>(List the name(s) and address(es) of associated firms that are permitted to process seafood in Alaska. If you have more firms than will fit below, please submit the information on a separate page).</i>			
Company or Business Name			Phone Number
Business Mailing Address			Fax Number
City	State	Zip	E-mail

Seafood Processor's Application, Page 4

HARVEST AREAS

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

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
- 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					
<i>Complete information below that is applicable to each drinking, and processing water system.</i>					
<i>Contact the Drinking Water program at (866) 956-7656 (outside of Anchorage), or (907) 269-7656 (in Anchorage)</i>					
Water Type	ID# or Source	Gallons/Day	Disinfectant Used	PPM	Method
Public Water System	ID#				N/A
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.

Seafood Processor's Application, Page 5

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.

SHORE-BASED FACILITIES		
Treatment Type	Disposal Method	Capacity
<u>Municipal System</u>	<u>Direct Connection to:</u> City of: _____ Municipality of: _____ Village of: _____	Gallons/day (gpd)
<u>Package Treatment Plant</u> ADEC Plan Review #	<u>Marine Discharge:</u> Water body: _____ Other: _____	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 (describe)</u>	Other (describe)	Gallons/day (gpd)

VESSELS

Check the box next to the style of system you have on your vessel.
The Coast Guard categorizes MSDs as follows:

Type 1 - Flow-through treatment devices that commonly use maceration and disinfection for the treatment of sewage. They may be installed only on vessels less than or equal to 65 feet in length. Must produce an effluent with: no visible floating solids and a fecal coliform bacterial count not greater than 1000 per 100 milliliters.

Type 2 - Flow-through treatment devices that may employ biological treatment and disinfection (some Type 2 MSDs may use maceration and disinfection). They may be installed on vessels of any length. Must produce an effluent with: A fecal coliform bacterial count not greater than 200 per 100 milliliters and no more than 150 milligrams of total suspended solids per liter.

Type 3 - Typically a holding tank where sewage is stored until it can be disposed of shore-side or at sea (beyond three miles from shore). They may be installed on vessels of any length, pursuant to Coast Guard regulations, a Type 3 MSD must "be designed to prevent the overboard discharge of treated or untreated sewage or any waste derived from sewage". [33 CFR 159.53\(c\)](#)

USGS Approved System	Discharge Depth	Holding Tank Volume	System Capacity
<input type="checkbox"/> Type 1 (Vessels ≤ 65 ft, use maceration & disinfection)			
<input type="checkbox"/> Type 2 (Any length, use maceration & biological treatment)			
<input type="checkbox"/> Type 3 (Porta-potties / holding tanks)			

SEAFOOD WASTE DISPOSAL

Indicate if you bury your seafood processing waste on land or if you discard it on the fishing grounds

SEAFOOD WASTE DISPOSAL		
Land Burial <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fishing Grounds: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of waste particles: _____ Inches	Daily Amount: _____ Lbs.
	Grinder type: _____	Yearly Amount: _____ Lbs.
Specify Other Means of Disposal:		
Water depth of discharge below Mean Lower Low Water (MLLW): _____ Ft.		
Discharge distance in nautical miles from shore at MLLW: <input type="checkbox"/> Less than 0.5 miles <input type="checkbox"/> Between ½-1 mile <input type="checkbox"/> 1 or more miles		
Name of water body(s) to which facility discharges and adjacent larger water body(s): _____		
If discharges occur within 1 nautical mile from shore at MLLW, attach:		
(1) Area map of facility and outfall(s) based upon NOAA or USGS chart of scale resolution from 1:20,000 to 1:65,000		
(2) Bathymetric chart of receiving water within 1 nautical mile of discharge and showing discharge points		
If discharges occur within 1 nautical mile of national parks, preserves, wildlife refuges, state game sanctuaries, critical habitat areas or impaired water bodies, list specific areas:		

Disposal Method: Indicate if you dispose of seafood processing was by means of Land Burial, or waste disposal at sea.

Fishing Grounds Disposal: .If you dispose of waste on the fishing grounds indicate the grinder type, size of waste particles after grinding, the daily and yearly amount of waste discharged, the depth of discharge between Mean Lower Low Water, and how far from shore the discharge will occur. Indicate the water body(s) in which you will be discharging seafood waste.