# 2017 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**:

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Fax: (907) 269-7510
dec.shellfish@alaska.gov

**FOR SHELLFISH:**

Cassandra Holvoet
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*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.

## *Shellfish Processor Application, Page 1*

## 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**: ☐ Individual ☐ Partnership ☐ Corporation ☐ C Corp ☐ S Corp ☐ 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 Qualifty Control (QA)Contact | | PM/QA Email | |
| **Type of Shellfish Dealer:** ☐ Shucker Packer ☐ Shellfish Shipper ☐ Reshipper ☐ Repacker | | | | | Shellfish Dealer Tag Submitted: ☐ Yes ☐ No | |

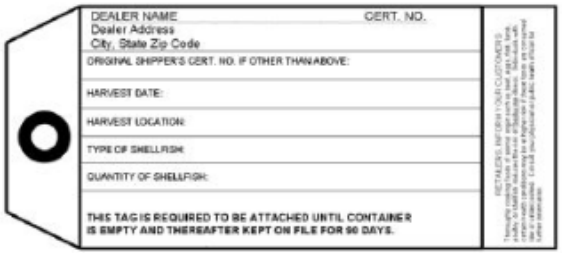
**Physical location of Facility:** Provide the physical location of the plant. If there is no street address, you may provide a location description such as, “Mile 1, Naknek Road.”

**Number of Employees at Facility: T**he “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 the Shellfish Permit Coorrdinator 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.


DEALER NAME CERT. NO.
Dealer Address
City, State Zip Code
ORIGINAL SHIPPER'S CERT. NO. IF OTHER THAN ABOVE:
HARVEST DATE:
HARVEST LOCATION:
TYPE OF SHELLFISH:
QUANTITY OF SHELLFISH:
THIS TAG IS REQUIRED TO BE ATTACHED UNTIL CONTAINER IS EMPTY AND THEREAFTER KEPT ON FILE FOR 90 DAYS.

## 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<br>☐ 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* | | | |
|---|---|---|---|
| ☐ Blue Mussel (Mytilus trossulus) | ☐ Littleneck Clam (Protothaca staminea) | ☐ Pacific Razor Clam (Siliqua patula) | ☐ Purple-Hinged Rock Scallop (Crassadoma giganteus) |
| ☐ Geoduck Clam (Panopea generosa) | ☐ Pacific Oyster (Crassostrea gigas) | ☐ Pink Scallop (Chlamys rubida) | |

| B. Processes. *Check all that apply* | | |
|---|---|---|
| ☐ Shellfish Harvester - Selling Live | ☐ Shellfish Shucker/Packer Dealer = SP | ☐ Shellfish Re-Shipper Dealer = RS |
| ☐ Shellfish Shipper Dealer = SS | ☐ Shellfish Re-Packer Dealer = RP | |

| C. Packaging Material. Check all that apply | | |
|---|---|---|
| ☐ Box with liner | ☐ Glass Container | ☐ Retort Pouch |
| ☐ Bulk/Tote | ☐ Hard Plastic Container/Tray | ☐ Vacuum Bag/Sleeve |
| ☐ Can | ☐ Poly or Fiber Bag | ☐ Other Material (specify): |

| D. Harvest Months. *Check all months processing seafood* | | | | | |
|---|---|---|---|---|---|
| ☐ January | ☐ February | ☐ March | ☐ April | ☐ May | ☐ June |
| ☐ July | ☐ August | ☐ September | ☐ October | ☐ November | ☐ 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.

## *Shellfish Processor's Application, Page 2*

## 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 | *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_____%

**Describe the method of transport from your facility/vessel to intended market:**_____

**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)***

- ☐ **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 Type | ID# or Source | Gallons/Day | Disinfectant Used | PPM | Method |
|---|---|---|---|---|---|
| Public Water System | ID# | | | | ☐ Direct-Injection ☐ Batch Vessel < 65' |
| Fresh Water – (Other than Public Water System) | Source | | | | ☐ Direct-Injection ☐ Batch Vessel < 65' |
| Salt Water (Used for Processing) | Specific Water Body(s) | | | | ☐ Direct-Injection ☐ Batch Vessel < 65' |
| Do you have a Daily Disinfection Log for processing water? | | | ☐ Yes ☐ 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 |
|---|---|---|
| Municipal System | Direct Connection to: City of: _____ Municipality of: _____ Village of: _____ | Gallons/day (gpd) |
| Septic System<br>ADEC Plan Review # | On-lot to Subsurface<br>☐ Bed: _____ SF ☐ Trench: _____ SF<br>☐ Other: _____ SF | Gallons/day (gpd) |
| Other (describe) | 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** |