



2020 Shellfish Dealer Application Instructions

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



Photo courtesy of Alaska Department of Environmental Conservation

Applications and forms are available online at: <http://dec.alaska.gov/eh/fss/shellfish/>

Return the completed application form with all required application materials and payment to the address below. An incomplete submission will delay processing. Be sure to retain a copy of your completed application for your records.

It may take up to 60 days to process an ADEC permit application. Providing all of the requested information on the application assists in expediting the application review.

Mail application, plans, drawings, narrative, tag example and fees to:

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

Application, plans, drawings, narrative, and tag example may also be emailed or faxed to:

Email: dec.shellfish.processing@alaska.gov
Fax: 907-269-7510

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

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

Contact our office if you have any questions:

Phone: 907-269-7501

Email: dec.shellfish.processing@alaska.gov

Website: <http://dec.alaska.gov/eh/fss/shellfish/>



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NEW APPLICANTS

- Complete Shellfish Dealer application, Seafood Processors Business Form A, and Seafood Plan Review checklist.

PERMIT RENEWAL APPLICANTS

- Complete Shellfish Dealer application.
- 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 DEALER APPLICATION

OWNER INFORMATION

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

Owner/Business	Applicant Individual or Corporation Name		ADEC Permit #		
	Business/Corporate Mailing Address		City	State	Zip
	Business Phone		Email	Fax	
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party				
	Type of Entity: <input type="checkbox"/> C Corporation <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other				
	Select the best contact method in the event of an emergency closure notification, product recall, or other important shellfish program information: <input type="checkbox"/> Email <input type="checkbox"/> Phone (must have active voicemail service) <input type="checkbox"/> Fax				

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 land-based facility.

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

LAND-BASED FACILITY

Please fill out the Land-Based Facility information as accurate as possible

Land Based Facility Information	Name of Facility		Number of Employees at Facility		
	Physical Location (REQUIRED)		City	State	Zip
	Mailing address		City	State	Zip
	Contact Person		Plant Manager (PM) or Quality Control (QC) Contact		
	Seasonal Phone Number	Radio/Cell Number	PM/QC Email		

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."

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.



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DEALER EDUCATION

Dealer education is required to be completed every five years. Training can be accessed at <http://dec.alaska.gov/eh/fss/shellfish/>.

Dealer Education	Has an employee of the facility completed the Dealer Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you attached a copy of the Dealer Training Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Individual that has completed Dealer Education Training	Certificate Expiration Date

HARVEST AREA & SPECIES

Please fill out the Classified Harvest Area and Species information as accurately as possible.

Classified Harvest Area & Species Info.	Classified Shellfish Harvest Area	Shellfish Species	Bait Harvest	Max Harvest Capability for Raw Product <input type="checkbox"/> Pounds/Day or <input type="checkbox"/> Dozen/Day	Anticipated Total Harvest <input type="checkbox"/> Pounds/Year or <input type="checkbox"/> Dozen/Year	Months of Anticipated Harvest
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input checked="" 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"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
Vibrio Control	If you will be harvesting during June 15 – September 15, answer the following questions: Have you read and understand the Vibrio Control Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate if you have a Shellfish Portal account. <input type="checkbox"/> Yes <input type="checkbox"/> No					

Classified Harvest Area and Species: Provide the name of the classified area(s) where you intend to harvest seafood, list the shellfish species you will be harvesting, enter the maximum harvest capability for raw product in pounds per day or dozens per day, enter the Anticipated Total Harvest Pounds or Dozen per Year; check mark each month you will be harvesting.

Vibrio Control: If you will be harvesting during the vibrio season (June – September), answer the questions under the Vibrio Control section.

DEALER ACTIVITIES

Please fill out the Dealer Activities information as accurately as possible.

Dealer Activities	Would you like to be listed on the ICSSL, Interstate Certified Shellfish Shippers List? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Shellfish Aquaculture		
	Will you aquaculture any species of shellfish? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please specify why species: <input type="checkbox"/> Oyster <input type="checkbox"/> Clam <input type="checkbox"/> Mussel <input type="checkbox"/> Scallops		
	If yes, have you completed and submitted your firm's Aquaculture Operational Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Packaging Material			
<input type="checkbox"/> Box with liner <input type="checkbox"/> Bulk/Tote <input type="checkbox"/> Hard Plastic Container/Tray <input type="checkbox"/> Poly or Fiber Bag <input type="checkbox"/> Vacuum Bag/Sleeve			
<input type="checkbox"/> Other Material (specify):			
Distribution and Transportation			
Show the percentage of products sold:		Show the percentage of products sold:	Out of 100%, what percentage of your total product sales will be exported (out of the country)?
Retail sales _____ % + Wholesale _____ % <hr/> Total 100 %	Intrastate _____ % + Interstate _____ % <hr/> Total 100 %	Export _____ %	

ICSSL: Indicate whether you would like to be listed on the [ICSSL \(Interstate Certified Shippers List\)](#).

Shellfish Aquaculture: Indicate if you will aquaculture any species of shellfish, the types of shellfish that you will aquaculture, and if you have complete and submitted your firm's Aquaculture Operational plan.



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Aquaculture means cultivating shellfish in controlled conditions for human consumption. Cultivation includes propagation and growing of shellfish. These activities may occur in natural or man-made water bodies. These activities include seed collection, production, and cultivation in natural water bodies when shellfish are held off the bottom such as the use of racks, bags, or cages, and when shellfish are held in man-made water bodies such as the use of tanks, ponds, or raceways. These activities do not include depuration or wet storage.

Packaging Material: Indicate the packaging material(s) your firm uses to ship shellfish.

Distribution and Transportation: 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.

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.

FEES AND PAYMENT

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).

Payments/Fees	<input type="checkbox"/> SP – Shellfish Shucker Packer: \$649 <input type="checkbox"/> SS – Shellfish Shipper: \$162 <input type="checkbox"/> RS – Shellfish Reshipper: \$162 <input type="checkbox"/> RP – Shellfish Repacker: \$325	To pay by credit card over the phone, call: Call (907) 269-4552 or (907) 269-7501. To pay by check or money order, make checks payable to: State of Alaska Mail to: State of Alaska DEC – FSS, Shellfish Permits 555 Cordova St, 5 th Floor Anchorage, AK 99501
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Signature

Sign and date your completed application before submitting it to DEC for review.

Signature	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 of Applicant	Title

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



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Seafood Plan Review Checklist Instructions

Required on new applicants or those with changes to business or processes or for extensive changes to facility/vessel, products, or process.

Section A – Required Documentation	
a.	Water Supply. Have you submitted plans to the Drinking Water Program as required by 18 AAC 80?*** <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A (Municipal Water Supply) <i>Specify Municipal Supply:</i> _____
b.	Water Sampling***. If you are not on a municipal water supply, <i>you are required</i> to submit water samples <i>before opening</i> and <i>every month while processing</i> . <i>What lab do you plan on using for water testing?</i> _____
c.	Wastewater Disposal System. Have you submitted plans to the Wastewater Program as specified by 18 AAC 72? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A (Municipal System) <i>Specify Municipal System:</i> _____
d.	Solid Waste Disposal. Describe how you will handle and dispose of your non-seafood garbage/refuse (i.e. where will it be stored? do you have a designated area for cleaning garbage cans/floor mats? how often is the dumpster or compacter used/picked up?): _____ _____
e.	Seafood Waste Disposal. How will you dispose of your seafood waste? <input type="checkbox"/> Land Burial OR <input type="checkbox"/> Water Discharge* **For Water discharges, contact Seafood Wastewater Permitting OR <i>List your APDES Permit#</i> _____

Water Supply

If your drinking water supply is non-municipal contact the Drinking Water Program (907) 269-7639 to ensure compliance with 18 AAC 80. Non-municipal drinking water systems may need to have the water tested to ensure compliance.

Water Sampling (Processing Water)

If your processing water comes from a non-municipal source (on board water treatment plant, well that is not a Class A, surface water) - you are required to submit water samples before opening and every month while processing. Provide the name of the lab you plan on using for water testing. Also provide the method of chlorination (direct injection or batch chlorination).

Note: If you are a vessel and are out to sea for extended periods of time, it is your responsibility to coordinate testing to comply with this requirement.

At the time of inspection, you will need to provide a *daily disinfection log* that shows the daily measurement of chlorine in the processing water.

Seafood Waste Disposal

Indicate if you plan on bringing your seafood waste to a landfill for burial or discharging at sea. For water discharges - you must keep a log of all seafood waste discharges, including the discharge location. Waste discharge logs are required at the time of inspection.

For operators processing 5000 pounds or more

Contact the ADEC Seafood Wastewater Coordinator to determine if you need a discharge permit. If you already have an APDES Permit#, please list it in section e. on the Checklist

Plan Drawings (applies to both vessels and facilities)

Drawings may be hand drawn and do not need to be to scale. Include a drawing for each of the following that includes all of the items listed in Section A on the Seafood Plan Review Checklist for each drawing type:

- Site Plan
- Floor Plan
- Plumbing Schematic



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If your facility/vessel does not have an item on the list, please indicate this on your drawing.

Signature

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