



# 2020 Shellfish Dealer 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.

<b>Owner/Business Information</b>	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						
<b>Land Based Facility Information</b>	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		
<b>Dealer Education</b>	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		

## Section II - Product & Packaging Details

<b>Classified Harvest Area &amp; Species Info.</b>	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 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
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<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"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<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"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
<b>Vibrio Control</b>	If you will be harvesting during June 15 – September 15, answer the following questions: Have you read and do you understand the Vibrio Control Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate if you have a <a href="#">Shellfish Portal</a> account. <input type="checkbox"/> Yes <input type="checkbox"/> No					
	<b>Dealer Activities</b>	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						



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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 <b>Show the percentage of products sold:</b>		
Retail sales _____ % + Wholesale _____ % <hr/> Total            100 %	<b>Show the percentage of products sold:</b> Intrastate _____ % + Interstate _____ % <hr/> Total            100 %	<b>Out of 100%, what percentage of your total product sales will be exported (out of the country)?</b>  Export _____ %

## Section III – Fees and Payment

<b>Payments/Fees</b>	<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	<b>To pay by credit card over the phone, call:</b> Call (907) 269-4552 or (907) 269-7501.  <b>To pay by check or money order, make checks payable to:</b> State of Alaska  Mail to: State of Alaska DEC – FSS, Shellfish Permits 555 Cordova St, 5 <sup>th</sup> Floor Anchorage, AK 99501
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<b>Signature</b>	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)).	
	_____ <b>Applicant's Signature</b>	_____ <b>Date</b>
	_____ <b>Printed Name of Applicant</b>	_____ <b>Title</b>

### For ADEC Use Only:

App Received Date/Initial: _____	Check Received Date/Initial: _____	Check #: _____
App Entered Date/Initial: _____	Check Amount: _____	Check Dated: _____