



Shellfish Dealer Application

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



Section I - General Information

(Required)

This application form is for new applicants only. All new applicants must submit the following: Application, Business Form A, and the Seafood Plan Review Checklist (with supporting documents), and permit fee.

To renew your Shellfish Dealer permit, email dec.shellfish.processing@alaska.gov or call (907) 269-4552 for a pre-filled renewal application.

Owner/Business Information	Applicant Individual or Corporation Name			Application Year			
	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						
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		

Section II – Harvesting Details

(Complete as applicable) ☐ N/A

Harvesting Activities	Classified Shellfish Harvest Area(s):	Anticipated Months of 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
	Species of molluscan shellfish that will be harvested (select all that apply)	
	<input type="checkbox"/> Pacific Oysters <input type="checkbox"/> Kumamoto Oysters <input type="checkbox"/> Geoduck Clams <input type="checkbox"/> Razor Clams <input type="checkbox"/> Littleneck Clams <input type="checkbox"/> Blue Mussels <input type="checkbox"/> Whole Scallops <input type="checkbox"/> Other (specify)	
	Bait Harvest	
	Indicate if you will be harvesting shellfish for bait: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Shellfish Aquaculture	
Indicate if you aquaculture any species of shellfish: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, have you completed and submitted your firm's Aquaculture Operational Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section III – Product, Processes & Packaging Details

(Required)

Processing Activities	Activities/processes performed by your firm (select all that apply)	
	<input type="checkbox"/> Growing <input type="checkbox"/> Harvesting <input type="checkbox"/> Shipping <input type="checkbox"/> Reshipping <input type="checkbox"/> Shucking & Packing <input type="checkbox"/> Repacking (shucked meat) <input type="checkbox"/> Wet Storage	
	Species of molluscan shellfish that will be handled (select all that apply)	
	<input type="checkbox"/> Pacific Oysters <input type="checkbox"/> Kumamoto Oysters <input type="checkbox"/> Geoduck Clams <input type="checkbox"/> Razor Clams <input type="checkbox"/> Littleneck Clams <input type="checkbox"/> Blue Mussels <input type="checkbox"/> Whole Scallops <input type="checkbox"/> Other (specify)	
	End product that will be stored and/or shipped (select all that apply)	
	<input type="checkbox"/> Live Shellstock <input type="checkbox"/> In-shell (nonliving) <input type="checkbox"/> Shucked & Packed Shellfish <input type="checkbox"/> Wet Stored Product	
	If you harvest or handle oysters during June 15 – September 15, answer the following questions: <input type="checkbox"/> N/A	
	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	
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 Package <input type="checkbox"/> Other Material (specify):		



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Distribution and Transportation		
Indicate if you want to be listed on the ICSSL (Interstate Certified Shellfish Shippers List) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Training and Education		
Has an employee of the facility completed the Dealer Training? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has an employee of the facility completed HACCP 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		Have you attached a copy of the HACCP Certificate or written explanation of on-the-job HACCP training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Shellfish Identification Dealer Tag		
Indicate if you have attached a copy of your Shellfish Dealer Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section IV – Fees and Signature (Required)		
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: (907) 269-4552 or (907) 269-7501 To pay by check or money order: Make payable to: State of Alaska Mail to: State of Alaska DEC – FSS, Shellfish Permits 555 Cordova St, 5 th Floor Anchorage, AK 99501
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 Signature	Date
	Printed Name of Applicant	Title