



# Shellfish Harvester Application

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



## Section I - General Information

This application form is for new applicants only. Application must be completed and signed and applicable fees submitted for review.

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

Business Information	Applicant Name		Application Year		
	Company or Doing Business As:		Check one: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Other		
	Business Mailing Address		City	State	Zip
	Physical Address		City	State	Zip
	Business Phone	Email	Fax		
	Provide 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				

## Section II – Product & Handling

Harvest Area & Species Information	<b>Classified Shellfish Harvest Area(s):</b>	<b>Anticipated Months of Harvest:</b>
		<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
	<b>Species of molluscan shellfish that will be harvested (select all that apply)</b>	
	<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)	
	<b>Bait Harvest</b>	
	Indicate if you will be harvesting shellfish for bait: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Harvest Activities	<b>Shellfish Aquaculture</b>	
	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	
	<b>If you will be harvesting oysters during June 15 – September 15, answer the following questions:</b> <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	
Harvest Activities	<b>List name(s) of shellfish dealers and the associated AK/Permit # to whom product will be sold.</b>	
	<b>Describe the holding container material where shellfish will be stored.</b>	
Harvest Activities	<b>Describe temperature controls.</b>	



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	<b>Describe how product is protected from contamination during transport.</b>		
	<b>Describe how human waste is dealt with while harvesting.</b>		
	<b>Harvester Education Training</b>		
	Have you completed the Harvester Training? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you attached a copy of the Harvester Training Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Shellfish Identification Harvester Tag</b>	<b>Geoduck Dive Vessel Information</b> <input type="checkbox"/> N/A	
	Indicate if you have attached a copy of you Shellfish Harvester Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dive Vessel Name: Dive Vessel Owner: Dive Vessel ADEC Permit Number:	
<b>Section III – Fees &amp; Signature</b>			
<b>Fees</b>	<input type="checkbox"/> Shellfish Harvester: \$162.00	<b>To pay by credit card over the phone, call:</b> (907) 269-4552 or (907) 269-7501  <b>To pay by check or money order:</b> <b>Make payable to:</b> State of Alaska <b>Mail to:</b> State of Alaska DEC – FSS, Shellfish Permits 555 Cordova St, 5 <sup>th</sup> Floor Anchorage, AK 99501	
<b>Signature</b>	As a Harvester, you are permitted to sell only to Shellfish Dealers in the State of Alaska permitted by the Department. I certify that I have read Article 2, Shellfish Processing Section in 18 AAC 34, Seafood Processing and Inspection. I agree to comply with the sections applicable to shellfish harvesting. <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>		
	<b>Printed Name of Applicant</b>	<b>Signature of Applicant</b>	<b>Date</b>