

**GUIDELINES FOR MUNICIPAL SHELLFISH TRANSPLANT/RELAY APPLICATION**

A permit from the Maine Department of Marine Resources (DMR) is required to possess undersized soft shell clams (*Mya arenaria*), hard shell clams (*Mercenaria mercenaria*), and European oysters (*Ostrea edulis*). A permit is also required for moving bivalve shellfish from areas closed due to pollution.

**These guidelines should be followed while transplanting shellfish sourced from areas classified as Approved:**

- 1) The activity will take place during daylight hours.
- 2) The activity will take place on designated days.
- 3) The activity should take place under the supervision of either the town's shellfish officer or a designee of the Shellfish Committee.
- 4) A Shellfish Transplant Activity Log should be sent to the Department within 10 days of activity.

**In addition to the guidelines above the following requirements must also be adhered to while transplanting shellfish sourced from areas classified as restricted, conditionally restricted in the open status or prohibited:**

- 1) All soft-shell clams harvested must be less than 1.5" in the longest diameter, all hard shell clams must be less than 1" hinge width, and all European oysters must be less than 3" in the longest diameter. This is a no tolerance policy. (\*Unless this is a relay transplant under certain conditions.) There are no size requirements for American oysters (*Crassostrea virginica*)
- 2) Transplants may only take place under the supervision of the Municipal Shellfish warden, DMR staff member, or DMR authorized relay supervisor. The crew must remain in the permitted source area under immediate supervision. The supervisor must have the permit with them at all times.
- 3) A Shellfish Transplant Activity Log must be sent to the Department within 10 days of activity.

\*Relay Transplants: Only municipalities that have a warden with MCJA certification employed for at least 20 hours per week may apply for a transplant permit for relay purposes from Restricted or Conditionally Restricted in the Open Status areas. Please contact your Area Biologist to discuss if your community qualifies for this type of activity.

Any failure to comply with permit conditions may be grounds for refusal of future permit requests.

**NOTE: Areas planted with shellfish taken from a Restricted area must be closed for a period of at least 60 days. Areas seeded with shellfish taken from Prohibited areas must be closed for a period of at least 6 months.**

**PROCEDURE**

1. Completed applications must be submitted at least:
  - Ten (10) business days prior to the requested date for seed transplants.
  - Thirty (30) days prior to the requested date for transplants of product larger than seed and seed from out-of-state hatcheries

By mail to: Municipal Shellfish Program, DMR, PO Box 8, W. Boothbay Harbor, Maine 04575

By Fax: Shellfish Program coordinator 207-633-9579

2. Marine Patrol **must** be notified of the following:

- A. Name and contact information of transplant supervisor
- B. Source area and transplant area
- C. Method and route of transport to include departure and arrival points.

Contact Marine Patrol at the following location(s): **Division I - W. Boothbay Harbor** (207-633-9595) or **Division II - Lamoine** (207-667-3373) during business hours on the morning of, or the day before the activity.

TO: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

FROM: The Town of: \_\_\_\_\_

Species to be transplanted: \_\_\_\_\_

**Check one**

\_\_\_ Requests a permit to possess under-sized shellfish for the purpose of transplanting.

\_\_\_ Requests a permit to relay legal-sized shellfish from a Restricted area.

\_\_\_ Requests a permit for seed purchased from out of state hatchery.

**Contact person for the town:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please answer the following:**

1. Transplant supervisor: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

2. State classification of the source area: \_\_\_ Approved \_\_\_ Restricted \_\_\_ Prohibited

3. Shellfish source (Please attach map of area):  
Cove or Flat Name: \_\_\_\_\_  
Hatchery Name: \_\_\_\_\_

4. Date/time shellfish will be harvested or hatchery shellfish will be delivered/picked up -  
Date: \_\_\_\_\_ Time(Start): \_\_\_\_\_

5. Area shellfish will be planted (Please attach map of area):  
\_\_\_\_\_

6. Date/time shellfish will be planted - Date: \_\_\_\_\_ Time(End): \_\_\_\_\_

7. How will the success of this project be monitored?  
\_\_\_\_\_  
\_\_\_\_\_

8. Is the planted area being closed to harvest? \_\_\_\_\_

9. Are predator controls being used? \_\_\_ No \_\_\_ Yes, Please describe:  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSPLANTING OR RELAY FROM PROHIBITED/RESTRICTED AREA**

10. How will shellfish be moved to the planting site: \_\_\_ Boat \_\_\_ Vehicle \_\_\_ Other: \_\_\_\_\_

11. If shellfish are to be transported by vehicle, please indicate where the shellfish will be brought onshore:  
\_\_\_\_\_

**Please note: NO overnight storage of shellfish from Prohibited or Restricted areas is allowed; such shellfish must be planted immediately.**