



Department of Marine Resources

Bureau of Public Health and
Aquaculture

Application for Shellfish Relay

Send completed applications to: Bureau of Public Health and Aquaculture, DMR, P.O. Box 8, W. Boothbay Harbor, ME 04575 or email: dmrpublichealthdiv@maine.gov
To allow time for processing, please submit applications 30 days prior to the requested date of relay.

Fourteen (14) consecutive day minimum relay period with water temperature of 50°F or more when area is in "open" status of approved or conditionally approved classification.

PLEASE TYPE OR PRINT

DATE OF REQUEST: _____

Applicant Name: _____
(Last name printed) (First name printed)

Name to appear on Permit: _____
(Print Name to Appear on Permit i.e. Company Name or Doing Business As (dba))

Address: _____
(Street) (City, State, Zip Code)

Business Phone: _____ Fax: _____ email: _____

State Authorized Relay Supervisor (1): _____
(Name, Address, Date of Birth)

Business Phone: _____ email: _____

State Authorized Relay Supervisor (2): _____
(Name, Address, Date of Birth)

Business Phone: _____ email: _____

State Authorized Relay Supervisor (3): _____
(Name, Address, Date of Birth)

Business Phone: _____ email: _____

PART I – SHELLFISH WILL BE REMOVED FROM:

No relay is allowed from areas classified Prohibited or Conditionally Restricted in the “closed” Status

A map with exact location (including GPS coordinates) must be provided and is attached.

Shellfish Species/Amount	City/Town	LPA/Lease Identifier	Projected Start/End Dates

PART II – SHELLFISH WILL BE RELAYED TO:

A map with exact location (including GPS coordinates) must be provided and is attached.

Shellfish Species/Amount	City/Town	LPA/Lease Identifier

Will any shellfish listed in PART I be brought to shore? Yes or No (circle)

If ‘yes’, please complete PART IV.

Type of Relay: Container No container/broadcast

If container relaying will be used, describe the containers (type, size, materials) in detail and the system of container identification. Must be sufficient to locate and avoid re-harvest of shellfish in containers that have not completed the relay process. _____

PART III – BOAT IDENTIFICATION

A recent, clear photograph of each boat to be used in the relay operation must accompany this application; electronic submissions allowed

1. Name _____ Registration No. _____
Color _____ Size _____ Make _____
Marine head with discharge? Yes or No (circle) Documented _____
Captain _____ Date of Birth _____
Owner/Other information _____

2. Name _____ Registration No. _____
Color _____ Size _____ Make _____
Marine head with discharge? Yes or No (circle) Documented _____
Captain _____ Date of Birth _____
Owner/Other information _____

PART IV – IF ANY SHELLFISH IN PART I WILL BE BROUGHT TO SHORE

1. Name of Individual/Company that will transport shellfish listed in PART I: _____

2. Location of Landing/Loading Docks: _____
(Name of Dock, street, town)

3. Vehicle to be used for transporting _____
(Type, make, model, year, registration)

4. Expected dates and times of start and completion of the landing/loading operations. (be specific – extensions can be applied for if needed) _____

5. Location of Receiving Point for shellfish transported in vehicle noted in 3. above: _____
(name of dock) (street) (town)

6. If shellfish are to be stored at this location (noted in 5. above) rather than loaded on boat for immediate delivery to waters listed in part II, please note area, method and length of storage.

(Area and Method of Storage) (Expected Length of Storage)

Relay areas must be marked in accordance with the United States Coast Guard's Aids to Private Navigation standards and requirements.

Relayed shellfish shall not be released from a relay area without written permission from the Commissioner and the area must be open by regulations pursuant to Chapter 95 and 96.

Signature of applicant _____ **Date:** _____

<p>Department Use Only</p> <p>Shellfish Relay Permit Number: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Effective Period: _____</p> <p>Comments/Conditions: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Approving Person: _____ Date: _____</p> <p>Copies must be provided to: Marine Patrol Division Office, Bureau Director, Nearshore Marine Resource Scientist, Seafood Technologist, WQ Staff, Aquaculture Policy Coordinator, FDA Regional Shellfish Specialist and State Authorized Relay Supervisor</p>
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