

Division of Marine Fisheries

**APPLICATION FOR PERMIT TO TRANSPLANT
From Seed Oyster Management Areas to Shellfish Leases and Franchises**

Application Date			
Expiration Date			
Email			
Participant I.D.			
Ph. Number			
	New		Update
	Renew		Replace

Record Most Recent Licenses Held (Year and License #)	
Fish Dealer License	
SCFL	
RSCFL	
SCFL w/ Shellfish Endorsement	
RSCFL w/ Shellfish Endorsement	
Shellfish License	
Recreational Commercial Gear Lic.	

Issued to (select one):

- Individual** (complete the Individual Participant Information below)
- Business Agent** (complete the Business Participant Information and Individual Participant Information below)

Aquaculture Operation Permit #
Introduction/Transfer Permit #
Polluted Area Relay Permit #

Individual Participant Information

First Name	Middle Name	Last Name	Suffix	Date of Birth
Address		City, State	Zip	
Business Participant Information: Business Name		Business Agent Name (First, MI, Last)		
Address		City, State	Zip	

Lease/Franchise#	Location	County

Vessel Registration Number(s) or Commercial Fishing Vessel Registration or USCG Documentation Number(s)

(1) _____	(2) _____	(3) _____
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Transplanter Information (All transplanters must have a valid shellfish license or SCFL/RSCFL with shellfish endorsement):

Name (First, MI, Last)	Date Of Birth	Telephone	Fisheries License #