



**MARYLAND DEPARTMENT OF NATURAL RESOURCES  
FISHING AND BOATING SERVICES  
AQUACULTURE AND INDUSTRY ENHANCEMENT DIVISION**

**APPLICATION TO IMPORT SHELLFISH FROM OUT-OF-STATE**

INSTRUCTIONS: PLEASE PRINT OR TYPE. THE APPLICATION MUST BE RECEIVED **30 DAYS** PRIOR TO THE 1<sup>ST</sup> DESIRED SHIPMENT DATE TO ALLOW FOR PROCESSING. A SEPARATE APPLICATION SHALL BE NECESSARY FOR EACH SHELLFISH SOURCE OR VENDOR. APPLICATIONS FOR LIVE SHELLFISH, EXCEPT AS EXEMPTED BELOW, SHALL BE ACCOMPANIED BY A CERTIFICATE OR REPORT OF SHELLFISH HEALTH. SEND COMPLETED APPLICATION TO MD DNR FISHING AND BOATING SERVICES, AQUACULTURE AND INDUSTRY ENHANCEMENT DIVISION, 580 TAYLOR AVE., B2 ANNAPOLIS, MD 21401, ATTN: ALYSSA CRANSKA.

NAME AND TITLE OF PERMIT APPLICANT			APPLICANT COMPANY NAME (IF APPLICABLE)	
APPLICANT PHONE #:			APPLICANT ADDRESS	
APPLICANT FAX #:				
APPLICANT EMAIL:				
NAME AND TITLE OF SOURCE FACILITY CONTACT PERSON			SOURCE FACILITY COMPANY NAME	
SOURCE PHONE #:			SOURCE FACILITY ADDRESS	
SOURCE FAX #:				
SOURCE EMAIL:				
INTENDED USE OR PURPOSE OF IMPORT (Please specify if to be used for remote setting, bottom stabilization, nursery, direct planting/grow-out, etc.)				
<b>SPECIES and ORIGIN</b> Source river and bar(s) must be specified for wild product.	<b>LIFE STAGE &amp; SIZE</b>	<b>PLOIDY</b>	<b>TOTAL QTY</b>	<b>DESTINATION UPON ARRIVAL TO MD</b> If receiving shell to be aged, please provide storage address. Otherwise, specify nursery, lease or bar to receive material.
	<input type="checkbox"/> LARVAE <input type="checkbox"/> SEED _____mm <input type="checkbox"/> SHELL Aged?   Y   N	Diploid (2N)  Triploid (3N)		<input type="checkbox"/> ADDRESS _____ <input type="checkbox"/> NURSERY (PERMIT #) _____ <input type="checkbox"/> LEASE(S)/BAR(S) _____ _____
	<input type="checkbox"/> LARVAE <input type="checkbox"/> SEED _____mm <input type="checkbox"/> SHELL Aged?   Y   N	Diploid (2N)  Triploid (3N)		<input type="checkbox"/> ADDRESS _____ <input type="checkbox"/> NURSERY (PERMIT #) _____ <input type="checkbox"/> LEASE(S)/BAR(S) _____ _____
DESIRED SHIPMENT DATE(S) (ENTIRE TIME FRAME)	ARE YOU RECEIVING THIS MATERIAL IN MULTIPLE SHIPMENTS?   Y   N		SHIPPING METHOD(S)	
		IF YES, HOW MANY SHIPMENTS?		
<input type="checkbox"/> Shellfish Health Certificate / Disease Report attached from _____ *Shell and most larvae are exempt from testing requirement (specify laboratory or other testing facility used)				
I HEREBY APPLY FOR THE ABOVE PERMIT AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.				
SIGNATURE OF APPLICANT			DATE	

## INSTRUCTIONS FOR APPLYING FOR A PERMIT TO IMPORT SHELLFISH

The Annotated Code of Maryland, Natural Resources Article, Title 4. Fish and Fisheries and regulations governing the importation of shellfish from outside of Maryland, COMAR 08.02.08.01B, require that a person may not import or possess within the State shellfish taken from waters outside of the State for planting in the waters of the State, unless he or she first obtains a permit from the Department of Natural Resources. The Department shall issue a permit if presented with proof satisfactory to the Department that the import will not be harmful to Maryland shellfish.

Every person proposing to import shellfish or shells (clam or oyster) from sources outside of the State of Maryland must complete all items contained in the **Application to Import Shellfish from Out-Of-State**. A separate permit application shall be necessary for each source or vendor. To allow for adequate evaluation and processing time, applications must be received by the Department a minimum of 30 days prior to the requested shipment date(s). **Please be advised that the Department will consider an application incomplete and will not issue a permit until the corresponding disease certifications are received as required** (see below).

Applications to import live shellfish (excluding regionally sourced larvae\*) shall be accompanied by a certificate or report of shellfish health obtained by the applicant from the source's quality control or scientific officer, or from an independent laboratory to which a representative subsample of shellfish has been taken for parasite/pathogen analysis. This requirement may be waived at the Department's discretion if, the source has been previously approved for import of identical product within the same growing season by the Department, and has consistently demonstrated that shellfish from that source will not be harmful to Maryland shellfish.

\*Diagnostic testing may be required for oyster larvae sourced from regions with a known prevalence of shellfish disease(s) which currently are not also affecting Maryland oysters. In the case that testing is requested, permit approval is contingent upon confirmation that the lot of larvae proposed for transfer is free of the disease of concern.