



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

**APPLICATION FOR SHELLFISH AQUACULTURE HARVESTER  
 PERMIT AND REGISTRATION CARDS**

LEASEHOLDERS MUST OBTAIN A SHELLFISH AQUACULTURE HARVESTER PERMIT (SAHP) PRIOR TO ENGAGING IN AQUACULTURE ACTIVITIES ON A LEASED AREA. INDIVIDUALS OTHER THAN THE PERMIT HOLDER(S) MAY ALSO BE REQUIRED TO OBTAIN A SHELLFISH AQUACULTURE HARVESTER REGISTRATION CARD (SAHRC). PLEASE REVIEW CODE OF MARYLAND REGULATIONS 08.02.23.04 TO DETERMINE REGISTRATION REQUIREMENTS. INDIVIDUALS THAT HAVE BEEN ISSUED SAHP OR SAHRCS MUST POSSESS THE CARD AT ALL TIMES WHEN ENGAGED IN AQUACULTURE ACTIVITIES ON A LEASE.

**INSTRUCTIONS:** COMPLETE ONE FORM PER LEASE BY PRINTING OR TYPING INFORMATION. ALL LEASEHOLDERS MUST SIGN PAGE TWO. RETURN THIS COMPLETED APPLICATION AND A CORRESPONDING HARVESTER VERIFICATION AND SIGNATURE FORM, IF NEEDED, TO DNR FISHING AND BOATING SERVICES, ATTN: AQUACULTURE PERMIT COORDINATOR, 580 TAYLOR AVENUE E-4, ANNAPOLIS, MD 21401 OR AQUACULTURE.DNR@MARYLAND.GOV. ALL CARDS WILL BE MAILED BACK TO THE PRIMARY LEASEHOLDER FOR DISTRIBUTION AND WILL BE VALID FOR THE CURRENT CALENDAR YEAR UNLESS REVOKED OR SURRENDERED.

**PART I: PERMITEE(S)**

If more than one co-leaseholder is named on the lease agreement, please attach required information for each person on a separate page. When the primary leaseholder is a business entity, at least one person with legally enforceable authority to bind the company or corporation must be named as a Permittee. Individuals also so named in the business operating agreement or by-laws may be listed as Permittees, if such documentation is on file with the Department.

PRIMARY LEASEHOLDER NAME (OR AUTHORIZED SIGNATORY)	PRIMARY LEASEHOLDER STREET ADDRESS
PRIMARY LEASEHOLDER HOME PHONE NUMBER	PRIMARY LEASEHOLDER ALTERNATE PHONE NUMBER
PRIMARY LEASEHOLDER DATE OF BIRTH	PRIMARY LEASEHOLDER TIDAL FISH LICENSE # (IF APPLICABLE)
CO-LEASEHOLDER NAME	CO-LEASEHOLDER STREET ADDRESS
CO-LEASEHOLDER HOME PHONE NUMBER	CO-LEASEHOLDER ALTERNATE PHONE NUMBER
CO-LEASEHOLDER DATE OF BIRTH	CO-LEASEHOLDER TIDAL FISH LICENSE # (IF APPLICABLE)

**PART II: LEASE**

LEASE NUMBER AND/OR TIDAL WETLANDS LICENSE NUMBER:

**PART III: INSURANCE**

IF EMPLOYING ONE OR MORE PERSONS, A CERTIFICATE OF COMPLIANCE WITH STATE WORKMEN'S COMPENSATION LAWS PURSUANT TO §1-401 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND IS REQUIRED. AN EMPLOYER-APPLICANT MAY PROVIDE, AS EVIDENCE OF INSURANCE, A WORKMEN'S COMPENSATION INSURANCE POLICY NUMBER OR BINDER NUMBER, IN LIEU OF SUBMITTING A CERTIFICATE OF COMPLIANCE.

CERTIFICATE OF COMPLIANCE ATTACHED: \_\_\_\_\_ WORKMEN'S COMPENSATION INSURANCE POLICY/BINDER #: \_\_\_\_\_  
 \_\_\_\_\_ YES    \_\_\_\_\_ NO    \_\_\_\_\_ N/A

**\*\*PLEASE TURN OVER TO COMPLETE AND SIGN SIDE TWO OF THIS FORM\*\***

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Initials \_\_\_\_\_

**PART IV: REGISTRANTS**

Please list below the individuals **other than a Permittee** who will be conducting aquaculture activities on the lease and for whom you would like the department to provide Shellfish Aquaculture Harvester Registration Cards. Future additions to or deletions from your registrant list can be made in writing on a SAHP Modification Form available from the Department. Attach additional pages if you would like to include more than four Registrants.

**REGISTRANT 1:** Full Legal Name \_\_\_\_\_ Suffix \_\_\_\_\_

\_\_\_\_\_  
Street Address City, State, Zip Code Telephone Number

\_\_\_\_\_  
TFL License number (if applicable) Date of Birth Email Address

**REGISTRANT 2:** Full Legal Name \_\_\_\_\_ Suffix \_\_\_\_\_

\_\_\_\_\_  
Street Address City, State, Zip Code Telephone Number

\_\_\_\_\_  
TFL License number (if applicable) Date of Birth Email Address

**REGISTRANT 3:** Full Legal Name \_\_\_\_\_ Suffix \_\_\_\_\_

\_\_\_\_\_  
Street Address City, State, Zip Code Telephone Number

\_\_\_\_\_  
TFL License number (if applicable) Date of Birth Email Address

**REGISTRANT 4:** Full Legal Name \_\_\_\_\_ Suffix \_\_\_\_\_

\_\_\_\_\_  
Street Address City, State, Zip Code Telephone Number

\_\_\_\_\_  
TFL License number (if applicable) Date of Birth Email Address

**PART V: ACKNOWLEDGEMENTS**

I UNDERSTAND THAT I MUST:

OBTAIN ALL NECESSARY PERMITS AND COMPLY WITH ALL APPLICABLE HEALTH AND ENVIRONMENTAL LAWS AND REGULATIONS.

SUBMIT MONTHLY REPORTS OF HARVEST ACTIVITIES UNDER THE PERMIT ON FORMS PROVIDED BY THE DEPARTMENT ACCORDING TO THE DEADLINES SPECIFIED THEREIN. ALL RECORDS SHALL BE MAINTAINED FOR THREE (3) YEARS, AND BE MADE AVAILABLE TO THE DEPARTMENT FOR INSPECTION UPON REQUEST.

ALLOW THE DESIGNATED REPRESENTATIVE, ANY EMPLOYEE OF THE DEPARTMENT OF NATURAL RESOURCES INDICATED BY THE DESIGNATED REPRESENTATIVE, OR ANY OFFICER OF THE NATURAL RESOURCES POLICE, TO INSPECT THE FACILITY OR LEASE(S) UTILIZED FOR AQUACULTURE AND ANY OF THE PERMITTEE'S EQUIPMENT, RECORDS OR PRODUCT RELATING TO THESE ACTIVITIES DURING NORMAL BUSINESS HOURS.

HANDLE SHELLFISH IN ACCORDANCE WITH THE NATIONAL SHELLFISH SANITATION PROGRAM MODEL ORDINANCE AS REQUIRED UNDER COMAR 10.15.07.01A, AND MARYLAND'S *VIBRIO PARAHAEMOLYTICUS* CONTROL PLAN.

I HEREBY APPLY FOR THE ABOVE PERMIT AND REGISTRATION CARDS 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 LEASEHOLDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-LEASEHOLDER

\_\_\_\_\_  
DATE

**ALL CO-LEASEHOLDERS MUST SIGN THIS FORM BEFORE IT WILL BE PROCESSED**

**QUESTIONS? CONTACT THE AQUACULTURE AND INDUSTRY ENHANCEMENT DIVISION AT [AQUACULTURE.DNR@MARYLAND.GOV](mailto:AQUACULTURE.DNR@MARYLAND.GOV)**