

Example Monthly Harvest Report

Current year form

MONTH January **2026** MARYLAND MONTHLY SHELLFISH AQUACULTURE HARVEST REPORT

LEASE # AA 123

Species (circle one): Oysters Clams Scallops NO HARVEST from _____ to _____
(Month) (Month)

Other _____

Date of Harvest	Harvest Start Time	a.m. or p.m.	Quantity Harvested <input type="checkbox"/> Individuals <input checked="" type="checkbox"/> Bushels	Harvest Gear Type (power dredge, hand tong, patent tong, rake or diver, or if water column lease: cages, floats, bags, etc.)	To Whom Sold (MDH Shellfish Certification Number ONLY)	Port or Creek of Landing
3	9:30	am	6	Power Dredge	MD-12-SS	Back Cove
4	9:00	am	9			
5	7:15	am	7			
9	7:45	am	10			
11	↓	↓	5			
18	1:00	pm	3			
19	1:00	pm	7			
23		pm	10			

Time the first shellfish is taken from the water

Select either "Individuals" or "Bushels"

Buyer MDH# or your MDH# (MD-XXX-SS/SP)

• Harvest Start Time is defined as the time the first lot of shellfish is taken from the water.
 • This form may not be used for reporting harvest from public oyster bars.
 • Shellfish must be sold to a MD licensed dealer with a Maryland Dept. of Health Shellfish Certification if you are not MDH certified yourself.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief. Willfully falsifying information on this form is a crime. MD. CODE ANN., CRIM. LAW § 8-606.

Joe Waterman
 Name (Lease Permittee or Authorized Signatory)
Joe Waterman Signature 2/1/2026 Date

Oyster Aquaculture January 2026

 0AL123Y2013M5 AA 123

Joe Waterman
 123 Main Street
 Annapolis, MD 21401

Forms must be completed in full for every day of shellfish harvest. **If you did not harvest any shellfish in the month, you must still complete, sign and submit this form.** Submit this form with the corresponding month barcode(s) attached to: DNR Fishing and Boating Services, Attn: Shellfish Aquaculture Harvest Report, 580 Taylor Avenue E-4, Annapolis, MD 21401, by email to aquacultureharvestreport.dnr@maryland.gov, or by fax to: 410-260-8310. Forms must be received by the 10th day of the month immediately following the month the harvest occurred.

Circle or write in the species

Duplicate harvest dates should only be reported if information other than quantity is different.

A Lease Permittee or authorized business signatory must sign the report

Be sure to use the correct barcode label every month, even when you do not harvest

To report multiple months with no harvest, write the months here and put all the labels for those months on the same form. If the report is for one month, only write that month (e.g. June to June)

MONTH June **2026** MARYLAND MONTHLY SHELLFISH AQUACULTURE HARVEST REPORT

LEASE # AA 123

Species (circle one): Oysters Clams Scallops NO HARVEST from June to Sept
(Month) (Month)

Other _____

Date of Harvest	Harvest Start Time	a.m. or p.m.	Quantity Harvested <input type="checkbox"/> Individuals <input type="checkbox"/> Bushels	Harvest Gear Type (power dredge, hand tong, patent tong, rake or diver, or if water column lease: cages, floats, bags, etc.)	To Whom Sold (MDH Shellfish Certification Number ONLY)	Port or Creek of Landing