



MARYLAND DEPARTMENT OF NATURAL RESOURCES

FISHING & BOATING SERVICES

OUT-OF-STATE FISH SUPPLIER APPLICATION

PLEASE PRINT OR TYPE. RETURN COMPLETED FORM AND APPLICATION MATERIALS TO DNR, ATTN: SCOTT ROMANOSKI, PERMIT COORDINATOR, 580 TAYLOR AVE. B-2, ANNAPOLIS MD 21401; FAX # 410-260-8279 OR POND.DNR@MARYLAND.GOV

Applicant Information:

Name: _____

Business/Fish Culture Facility (if applicable): _____

Physical Address/Town/St/Zip: _____

Mailing Address (if different): _____

Telephone: _____

E-Mail: _____

List the fish species (scientific and common names), age in months and number of fish to be sold in Maryland during the coming year. Each listing must identify the origin of the fish at the time of stocking and accompany a recent fish health inspection report of that facility. For vendors with multiple growing sites, fish from each site must be listed separately.

Common Name	Scientific Name	Age In Months	Number of Fish	Place of Origin at Time of Stocking

Common Name	Scientific Name	Age In Months	Number of Fish	Place of Origin at Time of Stocking

Information on company/fish culture facility(ies) from which the fish shipment(s) will originate (place of origin):

Place of Origin #1:

Company/Facility Name: _____

Contact Person/Title: _____

Physical Address: _____

Phone Number: _____

Email: _____

Attach the most recent fish health inspection reports from the fish hatchery/ facility of origin and the hatchery/facility where the fish are currently being held.

Check Appropriate Box:

	Is Included
	Will be sent under separate cover (permit will not be processed until all inspection reports are received)

Place of Origin #2:

Company/Facility Name: _____

Contact Person/Title: _____

Physical Address: _____

Phone Number: _____

Email: _____

Attach the most recent fish health inspection reports from the fish hatchery/ facility of origin and the hatchery/facility where the fish are currently being held.

Check Appropriate Box:

	Is Included
	Will be sent under separate cover (permit will not be processed until all inspection reports are received)

Place of Origin #3:

Company/Facility Name: _____

Contact Person/Title: _____

Physical Address: _____

Phone Number: _____

Email: _____

Attach the most recent fish health inspection reports from the fish hatchery/ facility of origin and the hatchery/facility where the fish are currently being held.

Check Appropriate Box:

<input type="checkbox"/>	Is Included
<input type="checkbox"/>	Will be sent under separate cover (permit will not be processed until all inspection reports are received)

Authority: The permit to sell finfish intended to be stocked in Maryland waters from other states is issued pursuant to the, Annotated Code of Maryland, Natural Resources Article §§4-11A-02, 4-11A-21, and 4-602. All activities authorized herein must be carried out in accord with and for the purposes described in the application submitted. The permit is subject to complete and timely compliance with all applicable conditions, including the filing of all required information and reports, and strict observance of all applicable foreign, federal, state or local other state laws.

Permit conditions:

- (1) The permit is limited to the sale of finfish from a facility outside Maryland;
- (2) Finfish to be stocked in Maryland must be deemed by the Department to pose acceptable risk of any known viral, bacterial, protozoan, or parasite infections which have the potential to harm native or naturalized aquatic resources as determined by the testing documentation submitted with the application;
- (3) Only finfish from approved locations, and of acceptable species or genetic origin, may be stocked in Maryland waters;
- (4) The sale of the finfish shall be accompanied by a receipt showing the origin of the product, date of sale, name and address of the supplier, species and amount of product; and
- (5) Live finfish that meet the conditions above shall not be stocked in Maryland waters unless specifically accompanied by a permit to stock fish in Maryland waters.

If the Permittee is found to have violated the conditions of the permit or any applicable State or Federal law or regulation, the Department may terminate the permit in accordance with the provisions of Maryland's Administrative Procedure Act as described under COMAR 08.02.14.12.

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