



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

**SHELLFISH AQUACULTURE HARVESTER PERMIT  
REGISTRANT MODIFICATION FORM**

**INSTRUCTIONS:** COMPLETE ALL INFORMATION BY PRINTING OR TYPING. A CURRENT PERMITTEE MUST SIGN AND DATE AT THE BOTTOM OF PAGE TWO. ALLOW UP TO TWO WEEKS FOR PROCESSING OF NEW PERMIT OR REGISTRATION CARDS. RETURN THIS COMPLETED FORM AND A CORRESPONDING HARVESTER VERIFICATION AND SIGNATURE FORM FOR NEW REGISTRANTS, 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 TO THE PRIMARY LEASEHOLDER FOR DISTRIBUTION AND WILL BE VALID FOR THE CURRENT CALENDAR YEAR UNLESS REVOKED OR SURRENDERED.

**PART I – PERMITTEE**

PERMITTEE NAME	MAILING ADDRESS
PHONE NUMBER	EMAIL ADDRESS
LEASE(S) FOR WHICH CHANGES ARE REQUESTED	DESIRED EFFECTIVE DATE OF MODIFICATIONS <b>REPLACEMENT CARD</b> <input type="checkbox"/>

**PART II - REGISTRANT ADDITIONS**

INDIVIDUALS OTHER THAN THE PERMIT HOLDER(S) FOR A LEASE MAY 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. PERMITS AND REGISTRATION CARDS MAY BE SUSPENDED OR REVOKED BY THE DEPARTMENT FOR VIOLATIONS AS DESCRIBED IN COMAR 08.02.23.07.

LIST BELOW ANY PERSON(S) YOU WISH TO ADD AS A REGISTRANT TO THE LEASE LISTED ABOVE USING FULL, GIVEN NAMES.

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

**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 \_\_\_\_\_

**NOTE: IF MORE THAN THREE ADDITIONS. PLEASE ATTACH ADDITIONAL SHEETS OF PAPER WITH NECESSARY INFORMATION FOR EACH REGISTRANT.**

**PART II - REGISTRANT DELETIONS**

IF REQUESTING THAT REGISTRANTS BE REMOVED FROM YOUR LEASE, THEY MUST **SURRENDER THEIR CORRESPONDING REGISTRATION CARDS** BY ENCLOSING THEM WITH THIS FORM IN ORDER FOR THE DELETIONS TO BE PROCESSED.

**REGISTRANT 1:**

Name \_\_\_\_\_ Registrant # \_\_\_\_\_

**REGISTRANT 2:**

Name \_\_\_\_\_ Registrant # \_\_\_\_\_

**REGISTRANT 3:**

Name \_\_\_\_\_ Registrant # \_\_\_\_\_

**NOTE: IF MORE THAN THREE DELETIONS, PLEASE ATTACH ADDITIONAL SHEETS OF PAPER WITH NAME AND REGISTRANT # FOR EACH DELETED REGISTRANT.**

**PART III - REGISTRANT UPDATES**

PLEASE USE THIS SECTION TO PROVIDE UPDATED CONTACT INFORMATION FOR ANY OF YOUR **EXISTING** 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 \_\_\_\_\_

**NOTE: IF MORE THAN THREE UPDATES, PLEASE ATTACH ADDITIONAL SHEETS OF PAPER WITH NECESSARY INFORMATION FOR EACH REGISTRANT.**

**PART IV - ACKNOWLEDGEMENTS**

I UNDERSTAND THAT I MUST HAVE ALL NECESSARY PERMITS AND COMPLY WITH ALL APPLICABLE HEALTH AND ENVIRONMENTAL LAWS AND REGULATIONS IN ASSOCIATION WITH THE ABOVE REGISTRATION CARDS.

I HEREBY APPLY FOR, DELETE, OR MODIFY THE ABOVE 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.

I WILL DISTRIBUTE REGISTRANT CARDS TO THE ABOVE INDIVIDUALS AS NEEDED UPON RECEIPT FROM THE DEPARTMENT.

SIGNATURE OF PERMITEE

DATE

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