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

REQUEST TO TRANSFER A COMMERCIAL SHELLFISH AQUACULTURE LEASE

Upon receipt of this request form and after verification that the lease is eligible for transfer, the Department will provide all documents required for the lease transfer to the current primary leaseholder. Please allow up to 4 weeks processing time to receive these documents from the date of your request. Submission of an incomplete form or subsequent revisions to your request may result in processing delays. This form, and any applicable supporting business documents, must be received by October 1st or the transfer may be held until all requirements associated with invoicing and permitting for the next calendar year have been met by the current leaseholder(s). Submission of this form does not legally transfer a lease.

Return form to: Maryland Department of Natural Resources
Attn: Aquaculture Division - Transfer Request **OR**
580 Taylor Ave., E-4
Annapolis, MD 21401

Email: aquaculture.dnr@maryland.gov

Fax: (410) 260-8310

SECTION 1: Lease Information

Please complete this form using **full, legal names, including middle initials and suffixes, i.e., Jr**. All new leaseholders must be at least 18 years of age. If a new leaseholder is a business entity, the name of an authorized signatory must also be listed, and copies of current business documents must be submitted to the Department for verification purposes.

Lease Number: _____

Location: _____

SECTION 2: Current Leaseholder(s)

Primary Leaseholder

Name: _____ Address: _____

Email: _____ Phone: (_____)_____

Co-Leaseholder(s) (if applicable)

Name: _____ Address: _____

Name: _____ Address: _____

SECTION 3: New Leaseholder(s)

New Primary Leaseholder (also provide Authorized Signatory Name and Title if Leaseholder Name is a business)

Name: _____ Address: _____

Authorized Signatory: _____ Title: _____

Email: _____ Phone: (_____)_____

New Co-Leaseholder(s) (if applicable)

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Please visit dnr.maryland.gov/fisheries/pages/aquaculture/transfer.aspx for more information.