MONTH _____
LEASE # _____

2024

MARYLAND MONTHLY SHELLFISH AQUACULTURE HARVEST REPORT

Species (circle one): Oysters Clams Other_____ ☐ **NO HARVEST** from _____ to _____
(Month) (Month)

Date of Harvest	Harvest Start Time	a.m. or p.m.	Quantity Harvested ☐ Individuals ☐ 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

- Harvest Start Time is defined as the time the first lot of shellfish is taken from the water **and may not be before sunrise.**
- 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.

_____
Name (Leaseholder/Permittee or Authorized Signatory)

_____
Signature **Date**

PLEASE AFFIX BAR CODE LABEL HERE FOR MONTH OF HARVEST INDICATED ABOVE

If no harvest will occur for several months, please check the "No Harvest" box above, list months, and affix all barcodes for those months on this form. You may use the front and back of the form.

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.