



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

NATURAL AND HISTORIC RESOURCES

DIVISION OF FISH AND WILDLIFE

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PHILIP D. MURPHY
Governor

CATHERINE R. MCCABE
Commissioner

SHEILA Y. OLIVER
Lt. Governor

APPLICATION FOR PERMISSION TO IMPORT SHELLFISH

Name of Applicant: _____

Address: _____

Phone Number: (____) _____ - _____

Email Address: _____

Seed to be Imported: _____
Common Name Scientific Name (Species)

Seed Source / Location: _____
(Hatchery Info.)

NJ Nursery Grounds (if applicable):

Nursery Location Water Classification

Leased Ground to Be Planted: _____
Section Lot # Location (ex., Delaware Bay)

Description of plan for seed: _____

Quantity / Size: _____
Total Number Estimated Size (mm)

I certify that the information that I provided within this document is true and is in accordance with the N.J.S.A 50:1-34 and 50:1-35 pertaining to permission to plant or lodge shellfish.

Applicant's Signature Date

Please submit application to Megan Kelly with the Bureau of Shellfisheries – Megan.Kelly@dep.nj.gov

INTERNAL NHR USE ONLY

Date Received: _____

Administrative Support Staff: _____

Histopathology Report Attached

Yes

No

Histopathology Report Receipt Date: _____

Histopathology Review – Recommendation

Approve

Deny

Reviewing Biologist

Date

Management Consent

Joseph A. Cimino
Administrator
Marine Fisheries Administration

Date