**Email, Mail, or Fax Applications to:**

**Permit Coordinator**

**Alaska Department of Fish and Game**

Division of Commercial Fisheries

**P.O. Box 115526**

**Juneau, AK 99811-5526**

**or FAX (907) 465-4168**

[**dfg.dcf.aquaticfarming@alaska.gov**](mailto:dfg.dcf.aquaticfarming@alaska.gov)

# ADFG.jpg

**ALASKA DEPARTMENT**

**OF FISH AND GAME**

STOCK transport PERMIT application

**For transport between farms/facilities.** A separate stock transport permit must be obtained for each species, life stage, source and site location (originating or receiving).

## APPLICANT INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name:** | | |  | | **Company Name:** | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
| **Contact Person:** | | |  | | **Phone:** | |  | | | | **Fax:** | |  | |
|  | | | | | | | | | | | | | | |
| **Address:** | |  | | | | | | **Email:** | |  | | | | |
|  | | | | | | | | | | | | | | |
| **City:** |  | | | **State:** | |  | | | | | | **Zip:** | |  |

## PROJECT INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Check ONE SPECIES per application** | | | | | | | | | | | | | | | | | | | | | |
|  | PACIFIC OYSTER, *Magallana gigas* | | | | | | | | | | |  | | SUGAR KELP, *Saccharina lattisima* | | | | | | | |
|  | GEODUCK CLAM, *Panopea generosa* | | | | | | | | | | |  | | BULL KELP, *Nereocystis luetkeana* | | | | | | | |
|  | RIBBON KELP, *Alaria marginata* | | | | | | | | | | |  | | OTHER: | | | |  | | | |
| **Check ONE TRANSPORT FROM per application:** | | | | | | | | | | | | | | | | | | | | | |
|  | | **Shellfish: Select ONE Stock Provider** | | | | | | | | | | |  | | |  | | | | | |
| (Check the species and expiration date of providers at <http://www.adfg.alaska.gov/static/license/aquaticfarming/pdfs/seed_sources.pdf>) | | | | | | | | | | | | | | | | | | | | | |
|  | | Alutiiq Pride Shellfish Hatchery (Seward, AK) | | | | | | | | | | |  | | | OceansAlaska Hatchery (Saxman Seaport, AK) | | | | | |
|  | | Blue Starr Oyster Co. (Tokeen Bay, AK) | | | | | | | | | | |  | | | Hawaiian Shellfish Hatchery/Nursery (Keaau, HI) | | | | | |
|  | | Eagle Shellfish Nursery (Simpson Bay, AK) | | | | | | | | | | |  | | | Jamestown Point Whitney Shellfish FLUPSY (Sequim, WA) | | | | | |
|  | | Kachemak Shellfish Mariculture Association (KSMA) Nursery (Halibut Cove, AK) | | | | | | | | | | |  | | | OTHER: | | |  | | |
|  | |  | | | | | | | | | | |  | | | Facility name (bay or location) | | | | | |
|  | | **Aquatic Plants: Select ONE Stock Provider** | | | | | | | | | | |  | | | Blue Evolution Hatchery (Kodiak, AK) | | | | | |
|  | | OceansAlaska Hatchery (Saxman Seaport, AK) | | | | | | | | | | |  | | | OTHER: | | |  | | |
|  | | Alutiiq Pride Shellfish Hatchery (Seward, AK) | | | | | | | | | | |  | | | Source Farm/Nursery Name (bay or location) | | | | | |
| **Required stock information:** | | | | | | | | | | | | | | | | | | | | | |
|  | | **Life Stage:** | | | | | | | | | | |  | | |  | | | | | |
|  | |  | Juveniles | |  | Eyed larvae | |  | Adult | | | |  | | | **Estimated Ship Date(s)** *(month range and year)* | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | **Size Range:** | | |  | | mm | to | |  | mm | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | **Broodstock Origin (Hatchery & Bay of Origin)** | | | | | | |
| **Number:** | |  | | | | | | | | | | |  | | |  | | | | | |
|  | | Shellfish: Maximum number requested  Aquatic Plants: Feet of seeded line requested | | | | | | | | | | |  | | |  | | | | | |
| **Transport TO:** | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | |  | | | |  | | | | |
|  | | **Aquatic Farm/Nursery, or Hatchery Name** | | | | | | | | | | |  | | | | **Water Body/Location** | | | | |
|  | |  | | | | | | | | | | |  | | | |  | | | | |
|  | | **ADF&G Operation Permit Number (Aquatic Farm/Nursery/Hatchery)** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Signature:** | | | |  | | | | | | | | | | | | | | | | **Date:** |  |

I certify that the information provided on this application is true and complete to the best of my knowledge.