



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Aquaculture

**APPLICATION FOR A SPECIAL ACTIVITY LICENSE TO RELAY
AQUACULTURE SHELLFISH TO AQUACULTURE LEASE
OR CERTIFIED DEPURATION FACILITY**

Rule 5L-1.009, F.A.C.

(Please print or type)

Name of Individual Completing Application: _____

Mailing Address: _____

Phone Number (Business): _____ (Home): _____

Representing: _____

Proposed Harvesting Area: _____

Method of Harvesting (Circle): Raking, Tonging, Treading or Diving

Amount of Shellfish to be relayed (Circle): Bushels (Bu), Pounds (Lbs), or Number (Count)

<u>Hard Clams</u>		<u>Oysters</u>		<u>Other:</u> _____	
Bu	Lbs	Bu	Lbs	Bu	Lbs
_____	_____	_____	_____	_____	_____
Count Per Day		Count Per Day		Count Per Day	
Or		Or		Or	
Total		Total		Total	

How will shellfish be transported from the harvesting area to the shellfish lease or licensed depuration plant? _____

Name of Approved Laboratory Contracted for Analysis: _____

If relaying is proposed to a shellfish lease, this application must be signed by the lessee or an authorized designee.

Signed: _____

Lessee: _____

(please print or type)

Lease Number: _____

Date: _____

If relaying is proposed to a license depuration plant, this application must be signed by the owner/operator or a designee.

Signed: _____

Owner/Operator: _____

License Depuration Plant Number: _____

Date: _____

**LEASE RELAYING
DAILY SHELLFISH RELAY MONITORING REPORT**

Date: _____ Relay License Number: _____

Lease Number From: _____ Lease Number To: _____

Monitor's Name: _____

Signature: _____

Please indicate the amount of shellfish relayed (Circle): Bags {Bgs}, Pounds {Lbs}, or Number {Count}

This report must be submitted to the Department of Agriculture and Consumer Services, Division of Aquaculture within 1 day.

SUBMIT TO: Florida Department of Agriculture and Consumer Services
DIVISION OF AQUACULTURE
600 South Calhoun Street, Suite 217
Mail Station H3
Tallahassee, Florida 32399