



Washington
Department of
**FISH and
WILDLIFE**

APPLICATION FOR THE PERMIT TO HARVEST WILD SHELLFISH FROM PRIVATE AND OTHER NON-STATE OWNED LANDS

License # _____ Permit # _____ Aquatic Farm Registration # _____ Dept of Health Certification # _____	Date Received
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APPLICANT INFORMATION

Name _____ Phone _____
Business address _____
Email address _____

SPECIES

CHECK (✓) ALL THAT APPLY

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Butter clam | <input type="checkbox"/> Native Littleneck clam |
| <input type="checkbox"/> Geoduck | <input type="checkbox"/> Olympia oyster |
| <input type="checkbox"/> Horse clam | <input type="checkbox"/> Pacific oyster |
| <input type="checkbox"/> Manila clam | <input type="checkbox"/> Softshell clam |
| <input type="checkbox"/> Mussels | <input type="checkbox"/> Other _____ |

PROPERTY INFORMATION

Owned (PROOF OF OWNERSHIP REQUIRED) **Leased** (COPY OF LEASE AGREEMENT REQUIRED)

Property owner: _____

Site address: _____

Site Description used for Department of Health certification:

Required: Please attach a site drawing or map of the harvest site.

Signature: _____ Date: _____