





# 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: \_\_\_\_\_