



Washington  
Department of  
**FISH and  
WILDLIFE**

# SHELLFISH IMPORT PERMIT

Please see **SHELLFISH IMPORT PERMIT SUPPLEMENTAL INFORMATION** (separate document) for completing this application. This form must be used, typed, and all sections be completed. Incomplete applications will be returned and result in a delay in the issuance of your permit.

*E-mail, mail, or fax applications and applicable attachments to:*

Paul Clarke ([Paul.Clarke@dfw.wa.gov](mailto:Paul.Clarke@dfw.wa.gov)) or Brady Blake ([Brady.Blake@dfw.wa.gov](mailto:Brady.Blake@dfw.wa.gov))

Washington Department of Fish and Wildlife

375 Hudson Street

Port Townsend, WA 98368

FAX (360) 302-3031

## SECTION A: APPLICANT INFORMATION

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**Company Name:**

**City, State, Zip:**

**Applicant Name:**

**Telephone:**

**Physical Address:**

**Fax:**

**Mailing Address:**

**E-mail:**

## SECTION B: IMPORT INFORMATION

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**Is this application:**      New      Renewal of previous permit #:

**Species Proposed for Import (Common and Latin Name):**

**Quantity Proposed for Import:**

**Life Stage Proposed for Import:**

**Geographic Import Source Location (specific water body, state, country):**

**Geographic Destination of Import (specific tideland, hatchery, aquarium, laboratory, educational facility, government facility, live holding facility, quarantine, etc.):**

**Attach or describe other information relevant to proposed import such as all responsible individuals involved with the import, special holding conditions, schematics and protocols of holding facilities, prior record of approved importations, etc.**

**List other authorized personnel to be included on the permit, if any:**

**SECTION C: HEALTH HISTORY AND CERTIFICATION**

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**Attach or describe the shellfish health history for the geographic source location. This may include government reports and documents, literature, shellfish health examinations by pathologist, and other credible documents (if applicable):**

**Attach to permit application the shellfish disease free tissue certifications, by a WDFW approved pathologist, which are representative of stocks proposed for import (if applicable).**

**Describe the purpose of the proposed import and the shellfish health risk associated with this import:**

**SECTION D: AQUATIC FARM REGISTRATION**

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**Will this proposed import be used to create a new (previously non-existing) cultivated shellfish bed?**

Yes  No

**If your answer is “yes”, you must have an approved Aquatic Farm Registration (AFR) and that number must accompany this application.**

**AFR Number of Newly Cultivated Beds:**

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Important! For purposes of this application, shellfish cultivation involves the “culture of aquatic products” and generally includes efforts to cultivate shellfish via planting and/or other activities like gravelling or predator control to enhance the productivity of any area whether or not it includes some natural set of shellfish. Be advised that if you are establishing a new shellfish cultivation bed there is a separate duty to comply with the Shellfish Implementation Plan (SIP), entered as a court order in United States vs. Washington, in order to ensure that shell-fishing rights of Puget Sound Treaty Tribes are given due consideration. Section 6 of the SIP requires commercial shellfish growers to provide affected tribes with certain advance notices prior to establishing new cultivation beds and provides processes for growers and tribes to work together to develop any required management plans for shared harvest.

RCW 77.60.080, RCW 77.60.060, WAC 220-340-150, WAC220-340-050, and WAC 220-370-200 require all transfers and imports be accompanied by a permit issued by the Director of Fish and Wildlife or his agent.

#### **ACCEPTANCE AND SIGNATURE**

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By checking this box, the permittee agrees to abide by the conditions set forth in any Shellfish Import Permit issued by the Washington Department of Fish and Wildlife. The permittee acknowledges that they have read and understand the requirements outlined in the Import Permit Supplemental Information packet (separate document).

**Name:**

**Date:**