

DEPARTMENT OF MARINE RESOURCES
Shellfish Sanitation Program
21 State House Station
Augusta, ME 04333-0021
Telephone: (207) 624-6570
Fax: (207) 624-6015

2008 / 2009 Application for Shellfish Certification

Certification #: ME _____ Date: _____

Certification Class:

Reshipper (RS) ____; Shellstock Shipper (SS) ____; Shucker Packer (SP) ____;
Depuration (DP) ____; Limited Shellfish Wholesaler (CSW) ____

Renewal? ____ New Applicant? ____ Wholesale Seafood License #: _____ OR
Maine Resident?: Yes/No Limited Shellfish Wholesaler License #: _____

Name on DMR license: _____

Mailing Address:

Business: _____ Zip: _____
Home: _____
Exact Location of Facility: _____ County: _____

Contact Information:

Business Phone: _____ Home Phone: _____
Fax #: _____ E-mail Address _____

Name(s) of Contact Person(s) _____

Water Supply: Public ____ **Private** ____ **Well?** ____ **Treatment System(s)** _____

If private supply, date of last test _____ **Test No.** _____

As part of your annual certification application, DMR Regulation 15.05 (B)(1)(e) requires a complete disclosure of any history of marine resource violations, whether federal or state, of the owner, agents, managers, or officers. Please list any violations:

Applicant's Signature

For Office Use Only

Recommendation: _____ **Comments:** _____

SEAFOOD TECHNOLOGIST: _____ **DATE INSPECTED:** / /200__

Approved / Denied Bruce E. Chamberlain, Seafood Technology Supervisor **Date :** / /

Comments: _____