



# LIMITED PURPOSE AQUACULTURE (LPA) AMENDMENT APPLICATION



**Instructions:** DMR Regulation 2.90 (5)(E) allows LPA license holders to make certain amendments during the licensing term. Contact information, assistants, mooring type and layout, source of stock, and species on license site can be changed by completing this form. To make changes to your LPA license, first fill out the required information pertaining to the LPA you wish to amend. Next, indicate which aspects of your LPA you would like to change, and complete the sections as necessary.

### Required Information:

Site ID: \_\_\_\_\_ Name of License Holder: \_\_\_\_\_

1. Do you wish to change your contact information? Yes  No

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State, Zip \_\_\_\_\_  
Telephone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Do you wish to change your assistants? Yes  No

Individuals you would like to add as assistants:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Individuals you would like to remove as assistants:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

3. Do you wish to change your mooring type or layout? Yes  No

Please describe the tackle to be used inclusive of mooring type, poly line, bottom tackle, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you wish to change your species or source of stock? Yes  No

Indicate "Add" or "Remove"	Species	Source of Stock (Name, Address, Phone)	Approved Hatchery	"Wild", Same LPA Health Area	"Wild", Different LPA Health Area (Transfer Permit Required) *
<input type="checkbox"/>	Blue mussel ( <i>Mytilus edulis</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hard clam/quahog ( <i>Mercenaria mercenaria</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Soft-shelled clam ( <i>Mya arenaria</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Razor clam ( <i>Ensis directus</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	American or eastern oyster ( <i>Crassostrea virginica</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	European oyster ( <i>Ostrea edulis</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Sea scallop ( <i>Placopecten magellanicus</i> ) (Adductor mussel only for harvest)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Green sea urchin ( <i>Strongylocentrotus droebachiensis</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bay scallop ( <i>Aequipecten irradians</i> )(Adductor mussel only for harvest)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Marine algae (all seaweeds, including kelp)	<i>List each individual marine algae species and sources of stock here:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT'S SIGNATURE

I declare that the information I have provided on this form is true and correct and that I will comply with all applicable DMR laws and rules. I understand that, under Title 12 MRS §6306, my signature on this application authorizes Marine Patrol officers to inspect my license site. I understand that my license can be revoked if I provided false information in my application.

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Signature of Applicant

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Date