

**MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE**

**284 State Street, 41 SHS Augusta, ME 04333**

**Phone 207-287-5261 / Fax 207-287-6395**

**APPLICATION FOR A PERMIT TO IMPORT OR TRANSFER LIVE FISH, FISH EMBRYOS, AND FISH GAMETES  
Title 12 MRSA Section 10105, 12509, and 12510**

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**1. Information of company/institution requesting importation/transfer permit:**

Company/institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person/title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Information of company/institution from which fish/egg shipment will originate:**

Company/institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person/title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**3. Present location of fish/eggs (if different from 2):**

Company/institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person/title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Destination of fish/eggs (if different from 1):**

Company/institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person/title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**5. Species and strain of fish/eggs to be imported/transferred:**

Species: \_\_\_\_\_

Strain: \_\_\_\_\_

**6. Number of eggs to be imported/transferred: \_\_\_\_\_**

**Number of live fish to be imported/transferred: \_\_\_\_\_**

**7. Life stage: \_\_\_\_\_**

**If fish, age of fish: \_\_\_\_\_**

**If fish, approx. weight: \_\_\_\_\_**

**8. Last three years of fish health inspection certificates from hatchery of origin, and the last three years of fish health inspection certificates of the hatchery/facility where fish are currently being held (if different from hatchery of origin). Note: The Fish Health Laboratory has updated records for several popular sources. Please contact David Russell at the Fish Health Lab at (207) 287-2813 to see if documentation is needed. Documentation:**

Is included       Will be sent under separate cover       Is already on file at the Fish Health Lab

Is not available, but purpose is for scientific research purposes at a quarantine facility\*

\*Will require the submission of additional information and possibly a site visit for inspection and approval of the quarantine facility. Facilities must be located at a qualified scientific institution, be indoors, have controlled access, have non-continuous discharge, have no direct discharge to surface waters of the state, and have the ability to chemically disinfect all discharge according to desired permit conditions of the department.

**9a. If fish, indicate lot number on the most recent fish health inspection certificate of source hatchery/facility which identifies the fish to be imported.**

Lot number: \_\_\_\_\_

**9b. If eggs, indicate lot number of the most recent fish health inspection certificate of source hatchery/facility which identifies broodstock from which gametes originated.**

Lot number: \_\_\_\_\_

**10. Date range of importation/transfer (MONTH/DAY/YEAR):**

From: \_\_\_\_\_ To: \_\_\_\_\_

**11. Purpose of Import/Transfer Request (check box to left of all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Production of food fish                                 | <input type="checkbox"/> For immediate use for disease screening         |
| <input type="checkbox"/> Broodstock development                                  | <input type="checkbox"/> Aquaculture R&D for product/process creation    |
| <input type="checkbox"/> Production of live fish for sale to other growers       | <input type="checkbox"/> Production of biological compounds & substances |
| <input type="checkbox"/> Production of live fish for growout in coastal waters   | <input type="checkbox"/> Biomedical research                             |
| <input type="checkbox"/> Production of live fish for stocking water of the state | <input type="checkbox"/> Education and instruction                       |
| <input type="checkbox"/> Rearing of fish for sale as baitfish                    | <input type="checkbox"/> Aquaponic production                            |
| <input type="checkbox"/> Cultivation in brackish or marine water                 | <input type="checkbox"/> Home hobby and personal use only                |
| <input type="checkbox"/> Cultivation in freshwater                               | <input type="checkbox"/> Rearing tropical fish for aquarium use          |
| <input type="checkbox"/> Other - (please be specific)                            |  |
- \_\_\_\_\_

Send completed applications to:

Todd Langevin: 41 State House Station Augusta, ME 04333 or [todd.langevin@maine.gov](mailto:todd.langevin@maine.gov) or fax: (207) 287-6395.

AND

David Russell: 81 Hatchery Road Augusta, ME 04330 or by email to [david.russell@Maine.gov](mailto:david.russell@Maine.gov)

*To allow time for processing, please submit applications 30 days prior to the requested date of transfer.*