Application for The Importation or Introduction of Marine Invertebrates and Algae

Important! Most importation and introduction requests must be accompanied by a health inspection report. Please consult with DMR prior to completing inspection screening on the organisms to be imported or introduced.

Send completed applications to: Marcy Nelson
DMR, PO Box 8
West Boothbay Harbor, ME 04575
Fax: (207) 633-9579
Email: marcy.nelson@maine.gov

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

PLEASE TYPE OR PRINT

Date of Request: ________________

Type of Transfer (Check):  Broodstock: □  Seed/Juveniles: □  Other: □ ________________

If you are importing Broodstock, will it be returned to the Hatchery/Origin following spawning? (Check)
  Yes: □  No: □

Name: ____________________________________________________________

Address: _________________________________________________________

City: ___________________________  State: ______________  Zip: __________

Business Phone: _______________ FAX: ___________________ email: ________________________

Species: __________________________  Age/Size: __________________________

Lot Number: __________  Strain: __________________________  Quantity: ______________

Origin (aquaculture leases, include “Site ID”): ____________________________

  Contact: _________________________________________________________

  Address: _________________________________________________________

  City: ___________________________  State: ______________  Zip: __________

  Phone: ___________________________  Fax: ____________________________

Destination (aquaculture leases, include “Site ID”): ____________________________

  Contact: _________________________________________________________

  Address: _________________________________________________________
Department of Marine Resources

Application for The Importation or Introduction of Marine Invertebrates and Algae

City: ____________________________  State: ________________  Zip: ____________

Phone: ____________________________  Fax: ____________________________

Transfer Dates: Begin: ________________  End: ________________

Please describe the nature and purpose of your requested activity (attach a separate sheet if needed):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I understand that all shipments of marine organisms transported from the facility must be tagged with my name, the company’s name and address and date: (Initial) ________________

I understand that a copy of a current approved transfer permit for the lot being transferred must accompany all shipments from the facility: (Initial) ________________

I understand that no live marine organisms or gametes may be imported into the State of Maine without written permission of the Commissioner of DMR: (Initial) ________________

I understand that the facility licensee must keep invoices for all shipments of marine organisms sold or purchased and must make them available for inspection by the Commissioner or his authorized agent: (Initial) ________________

Signed ____________________________________________________________________________ Date: ________________

*Attach Health Inspection Reports indicating inspection in accordance with Maine 12 M.R.S.A. 6071 Chapt 24.05.

* If applying for a permit to import or introduce marine organisms for use as broodstock, please provide a description of the quarantine procedure to be used and the most recent facility inspection report.

Department Use Only

Import/Introduction Permit Number: □ Approved  □ Denied

Effective period: __________________________________________________________

Comments/Conditions: ______________________________________________________

________________________________________________________________________________________

Signature of approving person: ____________________________ Date: ________________

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