**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you wish to change your mooring type of layout? Yes  No**

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

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1. **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) \*** |
|  | **Blue mussel (*Mytilus edulis*)** |  |  |  |  |
|  | **Hard clam/quahog (*Mercenaria mercenaria*)** |  |  |  |  |
|  | **Soft-shelled clam (*Mya arenaria*)** |  |  |  |  |
|  | **Razor clam (*Ensis directus*)** |  |  |  |  |
|  | **American or eastern oyster (*Crassostrea virginica*)** |  |  |  |  |
|  | **European oyster (*Ostrea edulis*)** |  |  |  |  |
|  | **Sea scallop (*Placopecten magellanicus*) (Adductor mussel only for harvest)** |  |  |  |  |
|  | **Green sea urchin (*Strongylocentrotus droebachiensis*)** |  |  |  |  |
|  | **Bay scallop (*Aequipecten irradians*)(Adductor mussel only for harvest)** |  |  |  |  |
|  | **Marine algae (all seaweeds, including kelp)** | ***List each individual marine algae species and sources of stock here:*** |  |  |  |

**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.

Signature of Applicant Date