

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.

		Marcy Nelson		
		DMR, PO Box 8 thbay Harbor, ME 04575		
	Fa	ıx: (207) 633-9579		
		arcy.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/Orig	gin following spawning? (Check)	
Yes: 🗌	No: □			
Name:				
Address:				
City:		State:	Zip:	
Business Phone:	FAX:	email:		
Species:		Age/Size:		
Lot Number:	Strain:		Quantity:	
Origin (aquaculture leases, i	include "Site ID"):			
Contact:				
Address:				
City:		State:	Zip:	
Phone:		Fax:		
Destination (aquaculture lea	ises, include "Site ID")):		
Contact:				
Address:				
Rev. 2016-10-21		Page 1 of 2 Applicant	Name:	



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City:	State:	Zip:
Phone:	Fax:	
Transfer Dates: Begin:	End:	
Please describe the nature and purpose of your reques	ted activity (attach a	separate sheet if needed):
I understand that all shipments of marine organisms tra the company's name and address and date: (<i>Initial</i>)		
I understand that a copy of a current approved transfer shipments from the facility: (<i>Initial</i>)	permit for the lot be	ing transferred must accompany all
I understand that no live marine organisms or gametes permission of the Commissioner of DMR: (<i>Initial</i>)		
I understand that the facility licensee must keep invoice purchased and must make them available for inspectio (<i>Initial</i>)	es for all shipments on by the Commission	of marine organisms sold or ner or his authorized agent:
Signed		_ Date:
*Attach Health Inspection Reports indicating inspection	n in accordance with	Maine 12 M.R.S.A. 6071Chapt 24.05.
* If applying for a permit to import or introduce marine description of the quarantine procedure to be used and		
Department Use Only		
Import/Introduction Permit Number:		Denied
Effective period:		
Comments/Conditions:		
Signature of approving person:		Date: