

Bureau of Resource Management Division of Public Health

Application for Shellfish Relay

Send completed applications to: Kohl Kanwit, DMR, P.O. Box 8, W. Boothbay Harbor, ME 04575 or fax: (207) 633-9579 or email: Kohl.Kanwit@maine.gov

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

Fourteen (14) consecutive day minimum relay period with water temperature of 50°F or more when area is in "open" status of approved or conditionally approved classification.

PLEASE TYPE OR PF	RINT	
DATE OF REQUEST:		
Applicant Name:	(Last name printed)	(First name printed)
Name to appear on P (Print	ermit: Name to Appear on Pe	rmit i.e. Company Name or Doing Business As (dba))
Address:		
	(Street)	(City, State, Zip Code)
Business Phone:	Fax:	email:
Business Phone:		(Name and Address) _email:
	.y	(Name and Address)
Business Phone:		_email:
State Authorized Rela	ay Supervisor (3):	(Name and Address)
		_email:

PART I – SHELLFISH WILL BE REMOVED FROM:

No relay is allowed from areas classified Prohibited or Conditionally Restricted in the "closed" Status

A map with exact location (including GPS coordinates) must be provided and is attached.			
Shellfish Species/Amount	City/Town	LPA/Lease Identifier	Projected Start/End Dates
<u>P.</u>	ART II – SHELLI	FISH WILL BE RELAYED 1	<u> </u>
A map with exact location (in	ncluding GPS co	pordinates) must be provi	ded and is attached.
Shellfish Species/Amount		City/Town	LPA/Lease Identifier
Will any shellfish listed in P	ART I be brough	t to shore? Yes or No	(circle)
If 'yes', please complete PAF	RT IV.		
Type of Relay: Container	No cont	ainer/broadcast	
If container relaying will be usystem of container identifications that have not containers that have not containers that have not containers that have not containers that have not contained the container than the container than the container than the container that have not contained the container than the container that the container than the conta	ation. Must be	sufficient to locate and av	oid re-harvest of shellfish in
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PART III – BOAT IDENTIFICATION

A recent, clear photograph of each boat to be used in the relay operation must accompany this application; electronic submissions allowed

I. Name	Re	gistration No	
Color	Size	Make	
Marine head with dis	charge? Yes or No (circle)	Documented	
Captain	Date of B	irth	
Owner/Other informa	ation		
2. Name	Re	gistration No	
Color	Size	Make	
Marine head with dis	scharge? Yes or No (circle)	Documented	
CaptainDate of Birth			
Owner/Other informa	ation		
PART IV -	- IF ANY SHELLFISH IN PAI	RT I WILL BE BROUGHT TO SHORE	
I. Name of Individual/C	company that will transport	shellfish listed in PART I:	_
2. Location of Landing			_
	(Nar	ne of Dock, street, town)	
3. Vehicle to be used f	or transporting		_
	(Тур	e, make, model, year, registration)	
-	•	on of the landing/loading operations. (be	
specific – extensions c	an be applied for if needed)	-
5. Location of Receivin	g Point for shellfish transp	orted in vehicle noted in 3. above:	
(name of dock)	(street)	(town)	-
((carees,	(court)	
		ed in 5. above) rather than loaded on boat for se note area, method and length of storage.	
Area and Method of St	torage)	(Expected Length of Storage)	
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<u>PART V – DETAILED DESCRIPTION OF PROPOSED RELAY PROCESS</u> If additional space is required please provide as attachment.

I understand that:

Any violation of this regulation and/or the terms of a permit or any other shellfish sanitation law may result in the suspension of the permit in accordance with 12 M.R.S.A. § 6373. Additional conditions may be added to a permit at the discretion of the Commissioner.

Relay permit applications will be reviewed and issued based on the applicant's ability to meet the criteria for safe relay operations and the availability of a state-authorized relay supervisor for each relay harvest.

All harvesters shall hold valid shellfish licenses as specified in 12 M.R.S.A. §6601.

Any harvesting violation may nullify and void the permit.

Once a permit is issued, the permit holder must notify the local Marine Patrol Division Office no less than 24 hours prior to the commencement of harvesting. Any interruption in harvesting will require a 12-hour notice before resumption during normal business hours of the preceding day.

The relay area shall be no closer than 10 meters (32.8 feet) from harvestable shellfish resources. Relayed shellfish that are broadcast on the bottom (no containers) shall be placed in accordance with permit conditions designed to avoid movement of contaminated product out of the relay area.

Growing areas with relayed shellstock that are broadcast on the bottom (no containers) shall remain in the closed status until all relayed lots are authorized by the Commissioner for release.

Relay areas shall be marked at a minimum of four (4) corners with a device per corner which displays the permit number in letters and numbers of at least 2 inches in height in colors contrasting to the background color of the device. The perimeters of the surfaces of the device shall be marked by reflective tape. In cases where the boundary line exceeds 100 yards, additional devices shall be displayed so as to clearly show the boundary line of the relay area. In situations where the topography or distance of the boundary interrupts the line of sight from one marker to the next, additional marked floating devices shall be displayed so as to maintain a continuous line of sight. Should these marking requirements be impractical or insufficient the Commissioner may set forth alternative marking requirements on a case by case basis in the conditions of the relay permit.

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Copies must be provided to: Marine Patrol Division Office, Division Director, Area Biologist, Seafood Technologist, WQ Staff, Aquaculture Policy Coordinator, FDA Regional Shellfish Specialist and State Authorized Relay Supervisor

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