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|  | ***Department of Marine Resources******Application for Cultivation of Atlantic Salmon*Boothbay Laboratory, PO Box 8 W. Boothbay Harbor ME 04575Voice : 207-633-9502, FAX: 207-633-9579** |

 **PLEASE TYPE OR PRINT Date of Request:**

**Company** **Name:**

**Manager or Contact Person**:

**Address:**

**City: State Zip**

**Business Phone:  FAX  email:**

**Hatchery Name:  Watershed/River**

**GPS Coordinates (*If Known*) Total Capacity of Facility:**

**Fish Health Inspector/Veterinarian:**

**Fish Lot#    Fish Strain Egg Source     Transfer Permit Fish Quantity**

**I understand that all shipments of fish transported from the facility must be tagged with my name, the companies name and address and date. (*initial*)**

**I understand that all shipments of fish transported from the facility must be accompanied by a copy of a current approved transfer permit for the lot being transferred: (*initial*)**

**I understand that no live fish or gametes may be imported into the State of Maine without written permission of the Commissioners of DMR. (*initial*)**

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

**Signed  Date:**