



Department of Marine Resources

Application for Cultivation of Atlantic Salmon
Boothbay Laboratory, PO Box 8 W. Boothbay Harbor ME 04575
Voice : 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

Table with 5 columns: Fish Lot#, Fish Strain, Egg Source, Transfer Permit, Fish Quantity. Multiple empty rows for data entry.

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: \_\_\_\_\_