



# Department of Marine Resources

## Application for Importation, Introduction, and/or Movement of Finfish

Send completed applications to:

Marcy Nelson  
DMR, PO Box 8  
W. Boothbay Harbor, ME 04575  
Fax: (207) 633-9579  
[Marcy.Nelson@maine.gov](mailto:Marcy.Nelson@maine.gov)

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

Type of Transfer (Check):    To Hatchery:     To Marine Site:     Other:  \_\_\_\_\_

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ email: \_\_\_\_\_

Species: \_\_\_\_\_ Life Stage (broodstock, egg, smolt (S0, S1), etc.): \_\_\_\_\_

Quantity: \_\_\_\_\_ Begin/End Transfer: \_\_\_\_\_

Origin (Hatchery / Lease Site ID): \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ email: \_\_\_\_\_

Transfer Destination (Hatchery / Lease Site ID): \_\_\_\_\_

Vaccine Producer: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Lot #	Strain	Quantity	ISAv Vaccine Serial #	Date Vaccinated

**Attach Fish Health Inspection Reports indicating inspection in accordance with Maine 12 M.R.S.A. 6071Chapt 24.21: Salmonid Fish Health Inspection Regulations.**



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### STANDARD CONDITIONS

1. Once transferred to Maine waters, all fish at this site are subject to the requirements of the USDA APHIS ISA Program Standards and Response Plan (January 2010 version) or the subsequent Department's ISA management and control program, the attached standard conditions and the Department's Fish Health Rules (Chapter 24).
2. The fish health, biosecurity, integrated pest management, and disinfection guidelines outlined in the January, 2002 Finfish Bay Management Agreement (Appendices D, E, and G) shall be adhered to and are considered to be minimum requirements. The holder of this permit shall participate in biosecurity audits according to standards outlined in the USDA APHIS ISA Program or the subsequent Department's ISA management and control program.
3. No fish may be placed in any site in the Cobscook Bay management area until it has been determined to be a Category 1 site by the USDA, this includes certification that cleaning and disinfection has been conducted according to USDA, or the subsequent Department's standards, and an adequate fallowing has occurred.
4. Single year class stocking is required at all sites.
5. The year class for a group or cohort of fish shall be defined as the year of hatch. Year class designation will be defined at the time of hatchery inspection.
6. Fallowing between all production cycles shall be a minimum of 30 days as defined in the USDA APHIS Program standards. Fallowing is considered to begin upon the removal of fish from the site.
7. No movement of fish will be allowed between fish health or Bay Area Management Zones following the stocking of smolt at marine lease sites.
8. Movement of fish between lease sites, within a zone (Fish Health and Bay Area Zone), will be allowed only if the Department of Marine Resources has issued a valid transfer permit. Conditions for issue of the permit include:
  - a. Documentation of a valid veterinary-client-patient relationship at both the originating and receiving site.
  - b. Documentation with results of monthly veterinary inspections at the respective sites. Documentation of monthly ISA surveillance will be required.
  - c. No disease of regulatory concern or other clinical level infectious disease can have been detected at the respective sites 4 weeks prior to fish transfer or movement.
  - d. No detection of ISA at the respective sites. ISAV suspect cages and sites (Category 2) must be resolved through referral to USDA APHIS ISA Program Committee or any subsequent ISA management and control program.
  - e. Prior notification of the proposed transfer to all other sites within the Bay Area Management Zone.

"site" means DMR Aquaculture lease site

"zone" means both bay management zone and fish health zone

9. Actual numbers of fish transferred will be forwarded to Marcy Nelson, DMR Boothbay Harbor, PO Box 8, West Boothbay Harbor ME 04575 ([marcy.nelson@maine.gov](mailto:marcy.nelson@maine.gov)/ Fax: 633-9579 / Phone: 633-9502) within 30 days of the expiration date of the permit.



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I hereby state that the information included in this application is true and correct and that I have read and understand the Department's rules governing aquaculture and the above-listed standard conditions that apply to the importation, introduction and/or movement of finfish.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**For Department Use Only**

Approved

Approved with Specific Conditions

Denied

Comments/Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permit Number: \_\_\_\_\_ Effective period: \_\_\_\_\_

Signature of approving person: \_\_\_\_\_ Date: \_\_\_\_\_