



Department of Marine Resources

Bureau of Public Health and
Aquaculture

Application for Shellfish Relay

Send completed applications to: Bureau of Public Health and Aquaculture, DMR, P.O. Box 8, W. Boothbay Harbor, ME 04575 or email: dmrpublichealthdiv@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 PRINT

DATE OF REQUEST: _____

Applicant Name: _____
(Last name printed) (First name printed)

Name to appear on Permit: _____
(Print Name to Appear on Permit i.e. Company Name or Doing Business As (dba))

Address: _____
(Street) (City, State, Zip Code)

Business Phone: _____ **Fax:** _____ **email:** _____

State Authorized Relay Supervisor (1): _____
(Name, Address, Date of Birth)

Business Phone: _____ **email:** _____

State Authorized Relay Supervisor (2): _____
(Name, Address, Date of Birth)

Business Phone: _____ **email:** _____

State Authorized Relay Supervisor (3): _____
(Name, Address, Date of Birth)

Business Phone: _____ **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
--------------------------	-----------	----------------------	---------------------------

PART II – SHELLFISH WILL BE RELAYED TO:

A map with exact location (including GPS coordinates) must be provided and is attached.

Shellfish Species/Amount	City/Town	LPA/Lease Identifier
--------------------------	-----------	----------------------

Will any shellfish listed in PART I be brought to shore? Yes or No (circle)

If ‘yes’, please complete PART IV.

Type of Relay: Container ☐ No container/broadcast ☐

If container relaying will be used, describe the containers (type, size, materials) in detail and the system of container identification. Must be sufficient to locate and avoid re-harvest of shellfish in containers that have not completed the relay process. _____

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

1. Name _____ Registration No. _____
Color _____ Size _____ Make _____
Marine head with discharge? Yes or No (circle) Documented _____
Captain _____ Date of Birth _____
Owner/Other information _____

2. Name _____ Registration No. _____
Color _____ Size _____ Make _____
Marine head with discharge? Yes or No (circle) Documented _____
Captain _____ Date of Birth _____
Owner/Other information _____

PART IV – IF ANY SHELLFISH IN PART I WILL BE BROUGHT TO SHORE

1. Name of Individual/Company that will transport shellfish listed in PART I: _____

2. Location of Landing/Loading Docks: _____
(Name of Dock, street, town)

3. Vehicle to be used for transporting _____
(Type, make, model, year, registration)

4. Expected dates and times of start and completion of the landing/loading operations. (be specific – extensions can be applied for if needed) _____

5. Location of Receiving Point for shellfish transported in vehicle noted in 3. above: _____

(name of dock) (street) (town)

6. If shellfish are to be stored at this location (noted in 5. above) rather than loaded on boat for immediate delivery to waters listed in part II, please note area, method and length of storage.

(Area and Method of Storage) (Expected Length of Storage)

PART V – DETAILED DESCRIPTION OF PROPOSED RELAY PROCESS

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.

Relay areas must be marked in accordance with the United States Coast Guard's Aids to Private Navigation standards and requirements.

Relayed shellfish shall not be released from a relay area without written permission from the Commissioner and the area must be open by regulations pursuant to Chapter 95 and 96.

Signature of applicant _____ Date: _____

Department Use Only

Shellfish Relay Permit Number: _____ ☐ Approved ☐ Denied

Effective Period: _____

Comments/Conditions: _____

Signature of Approving Person: _____ Date: _____

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