

MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

353 Water Street, 41 SHS Augusta, ME 04333-0041

Phone 207-287-5261 / Fax 207-287-6395

**APPLICATION FOR A PERMIT TO IMPORT OR TRANSFER LIVE FISH, FISH EMBRYOS, AND FISH GAMETES
Title 12 MRSA Section 10105, 12509, and 12510**

1. Information of company/institution requesting importation/transfer permit:

Company/institution name: _____

Address: _____

Contact person/title: _____

Phone Number: _____ Email: _____

2. Information of company/institution from which fish/egg shipment will originate:

Company/institution name: _____

Address: _____

Contact person/title: _____

Phone Number: _____ Email: _____

3. Present location of fish/eggs (if different from 2):

Company/institution name: _____

Address: _____

Contact person/title: _____

Phone Number: _____ Email: _____

4. Destination of fish/eggs (if different from 1):

Company/institution name: _____

Address: _____

Contact person/title: _____

Phone Number: _____ Email: _____

5. Species and strain of fish/eggs to be imported/transferred:

Species: _____

Strain: _____

6. Number of eggs to be imported/transferred: _____

Number of live fish to be imported/transferred: _____

7. Life stage: _____

If fish, age of fish: _____

If fish, approx. weight: _____

8. Last three years of fish health inspection certificates from hatchery of origin, and the last three years of fish health inspection certificates of the hatchery/facility where fish are currently being held (if different from hatchery of origin). Note: The Fish Health Laboratory has updated records for several popular sources. Please contact David Russell at the Fish Health Lab at (207) 287-2813 to see if documentation is needed. Documentation:

Is included Will be sent under separate cover Is already on file at the Fish Health Lab

Is not available, but purpose is for scientific research purposes at a quarantine facility*

*Will require the submission of additional information and possibly a site visit for inspection and approval of the quarantine facility. Facilities must be located at a qualified scientific institution, be indoors, have controlled access, have non-continuous discharge, have no direct discharge to surface waters of the state, and have the ability to chemically disinfect all discharge according to desired permit conditions of the department.

9a. If fish, indicate lot number on the most recent fish health inspection certificate of source hatchery/facility which identifies the fish to be imported.

Lot number: _____

9b. If eggs, indicate lot number of the most recent fish health inspection certificate of source hatchery/facility which identifies broodstock from which gametes originated.

Lot number: _____

10. Date range of importation/transfer (MONTH/DAY/YEAR):

From: _____ To: _____

11. Purpose of Import/Transfer Request (check box to left of all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Production of food fish | <input type="checkbox"/> For immediate use for disease screening |
| <input type="checkbox"/> Broodstock development | <input type="checkbox"/> Aquaculture R&D for product/process creation |
| <input type="checkbox"/> Production of live fish for sale to other growers | <input type="checkbox"/> Production of biological compounds & substances |
| <input type="checkbox"/> Production of live fish for growout in coastal waters | <input type="checkbox"/> Biomedical research |
| <input type="checkbox"/> Production of live fish for stocking water of the state | <input type="checkbox"/> Education and instruction |
| <input type="checkbox"/> Rearing of fish for sale as baitfish | <input type="checkbox"/> Aquaponic production |
| <input type="checkbox"/> Cultivation in brackish or marine water | <input type="checkbox"/> Home hobby and personal use only |
| <input type="checkbox"/> Cultivation in freshwater | <input type="checkbox"/> Rearing tropical fish for aquarium use |
| <input type="checkbox"/> Other - (please be specific) | |
- _____

Send completed applications to:

Todd Langevin: 353 Water Street, 41 SHS Augusta, ME 04333-0041 or todd.langevin@maine.gov

AND

David Russell: 81 Hatchery Road Augusta, ME 04330 or by email to david.russell@Maine.gov

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