



Florida Department of Agriculture and Consumer Services
Division of Aquaculture

ADAM H. PUTNAM
COMMISSIONER

APPLICATION FOR A SPECIAL ACTIVITY LICENSE TO RELAY AQUACULTURE SHELLFISH TO AQUACULTURE LEASE OR CERTIFIED DEPURATION FACILITY

Rule 5L-1.009, F.A.C.

(Please print or type)

Name of Individual Completing Application: _____

Mailing Address: _____

Phone Number (Business): _____ (Home): _____

Representing: _____

Proposed Harvesting Area: _____

Method of Harvesting (Circle: Raking, Tonging, Treading or Diving):

Amount of Shellfish to be relayed (Circle: Bushels (Bu), Pounds (Lbs), or Number (Count)).

Table with 3 columns: Hard Clams, Oysters, Others. Each column has sub-columns for Bu, Lbs, and Count Per Day/Or Total.

How will shellfish be transported from the harvesting area to the shellfish lease or licensed depuration plant? _____

Name of Approved Laboratory Contracted for Analysis: _____

If relaying is proposed to a shellfish lease, this application must be signed by the lessee or an authorized designee.

Signed: _____
Lessee: _____
Lease Number: _____
Date: _____

If relaying is proposed to a license depuration plant, this application must be signed by the owner/operator or a designee.

Signed: _____
Owner/Operator: _____
License Depuration Plant Number: _____
Date: _____

**LEASE RELAYING
DAILY SHELLFISH RELAY MONITORING REPORT**

Date: _____ Relay License Number: _____

Lease Number From: _____ Lease Number To: _____

Monitor's Name: _____

Signature: _____

Please indicate the amount of shellfish relayed (Circle: Bags {Bgs}, Pounds {Lbs}, or Number {Count}).

This report must be submitted to the Department of Agriculture and Consumer Services, Division of Aquaculture within 1 day.

SUBMIT TO: Florida Department of Agriculture and Consumer Services
DIVISION OF AQUACULTURE
600 South Calhoun Street, Suite 217
Mail Station H3
Tallahassee, Florida 32399