



ALASKA DEPARTMENT OF FISH AND GAME

Mail, FAX, or Email Applications to:

Permit Coordinator
Alaska Department of Fish and Game
Division of Commercial Fisheries
P.O. Box 115526
Juneau, AK 99811-5526
or FAX (907) 465-4168
dfg.dcf.aquaticfarming@alaska.gov

STOCK TRANSPORT PERMIT APPLICATION

For transport between farms/facilities. A separate stock transport permit must be obtained for each species, life stage, source and site location (originating or receiving).

APPLICANT INFORMATION

Applicant Name: _____ Company Name: _____
Contact Person: _____ Phone: _____ Fax: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

PROJECT INFORMATION

Check ONE SPECIES and SOURCE per application

PACIFIC OYSTER, Magallana gigas
GEODUCK CLAM, Panopea generosa
RIBBON KELP, Alaria marginata
SUGAR KELP, Saccharina latisima
BULL KELP, Nereocystis luetkeana
OTHER: _____

Transport FROM: Is source of stock currently listed as an approved/certified seed source provider?

Yes Shellfish: Select ONE Stock Provider from below
(Check the species and expiration date of providers at http://www.adfg.alaska.gov/static/license/aquaticfarming/pdfs/seed_sources.pdf)
Alutiiq Pride Shellfish Hatchery (Seward, AK)
Blue Starr Oyster Co. (Tokeen Bay, AK)
Eagle Shellfish Nursery (Simpson Bay, AK)
Kachemak Shellfish Mariculture Association (KSMA) Nursery (Halibut Cove, AK)
OceansAlaska Hatchery (Peninsula Point, AK)
Hawaiian Shellfish Hatchery/Nursery (Keaau, HI)
Jamestown Point Whitney Shellfish FLUPSY (Sequim, WA)
OTHER: _____
Facility name (bay or location)

No Aquatic plants or other shellfish sources not on seed source list: Select ONE stock provider.
OceansAlaska Hatchery (Peninsula Point, AK)
Alutiiq Pride Shellfish Hatchery (Seward, AK)
Blue Evolution Hatchery (Kodiak, AK)
OTHER: _____
Source Farm/Nursery Name (bay or location)

Required stock information:

Life Stage: Juveniles Eyed larvae Adult
Size Range: _____ mm to _____ mm
Estimated Ship Date(s) (month range and year)
Broodstock Origin (Hatchery & Bay of Origin)
Shellfish: Maximum number requested
Aquatic Plants: Feet of seeded line requested

Transport TO:

Aquatic Farm, Nursery, or Hatchery Name
Water Body/Location
ADF&G Operation Permit Number (Aquatic Farm/Nursery/Hatchery)

Applicant Signature: _____ Date: _____

I certify that the information provided on this application is true and complete to the best of my knowledge.