



ALASKA DEPARTMENT OF FISH AND GAME

Email, Mail, or Fax 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 per application

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

Check ONE TRANSPORT FROM per application:

Shellfish: Select ONE Stock Provider

(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 (Saxman Seaport, AK)
Hawaiian Shellfish Hatchery/Nursery (Keaau, HI)
Jamestown Point Whitney Shellfish FLUPSY (Sequim, WA)
OTHER: []
Facility name (bay or location)

Aquatic Plants: Select ONE Stock Provider

OceansAlaska Hatchery (Saxman Seaport, 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

Estimated Ship Date(s) (month range and year)

Size Range: [] mm to [] mm

Broodstock Origin (Hatchery & Bay of Origin)

Number: []

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.