



Delaware Department of Natural Resources and Environmental Control  
 Division of Fish and Wildlife  
**Application to Import Shellfish**

**\*PLEASE CONTACT DNREC, DIVISION OF FISH AND WILDLIFE AT (302) 735-2960 PRIOR TO ARRANGING SHELLFISH DISEASE SCREENING ON THE ANIMALS TO BE IMPORTED.**

**Instructions: Please print or type.**

- The application must be received at least 30 days prior to the desired shipment to allow for processing.
- A separate application is necessary for each shipment and/or shellfish source.
- Application will not be approved until receipt of a certificate or report of shellfish health from an approved lab.
- **Send completed application to:** Delaware Division of Fish and Wildlife, Fisheries Section, 89 Kings Highway, Dover, DE 19901, Attn: Shellfish Aquaculture Permits

**APPLICANT INFORMATION**

<b>Applicant Name:</b>				
<b>Street Address:</b>				
<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>
<b>Mailing Address:</b>				
<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>
<b>Telephone No.:</b>			<b>Email:</b>	

**SOURCE (ORIGIN/HATCHERY/NURSERY) INFORMATION**

<b>Name of Source (Company):</b>				
<b>Street Address:</b>				
<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>
<b>Mailing Address:</b>				
<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>
<b>Telephone No.:</b>			<b>Email:</b>	

**SPECIES OR MATERIAL TO BE IMPORTED**

<b>Intended Use:</b>	
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SPECIES	AGE	QUANTITY	DESTINATION LEASE ID

<b>Estimated Date of Shipment:</b>	
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<b>Shellfish Health Certificate/Report Attached:</b>	<b>Yes</b>	<b>No</b>	

<b>Name and Phone Number of Testing Facility:</b>	
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**Delaware Shellfish Aquaculture  
Application to Import Shellfish**

**ACKNOWLEDGEMENTS**

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant:

Date:

Printed Name of Applicant:

Department Use Only

Import and  
Introduce  
Request:

Approved

Approved with Restrictions

Denied

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature  
Approving  
Person:

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_