



MARYLAND DEPARTMENT OF NATURAL RESOURCES
 FISHING AND BOATING SERVICES
 AQUACULTURE AND INDUSTRY ENHANCEMENT DIVISION

**SHELLFISH AQUACULTURE HARVESTER PERMIT
 REGISTRANT MODIFICATION FORM**

INSTRUCTIONS: PLEASE COMPLETE ALL INFORMATION BY PRINTING OR TYPING. RETURN OF AN INCOMPLETE FORM MAY RESULT IN PROCESSING DELAYS. ALLOW UP TO TWO WEEKS FOR PROCESSING OF NEW PERMIT OR REGISTRATION CARDS. RETURN FORM BY MAIL TO DNR FISHING AND BOATING SERVICES, ATTN: AQUACULTURE PERMIT COORDINATOR, 580 TAYLOR AVENUE E-4, ANNAPOLIS, MD 21401; OR BY FAX TO 410-260-8279.

PART I – PERMITEE

PERMITEE NAME	MAILING ADDRESS
PHONE NUMBER	EMAIL ADDRESS
LEASE(S) FOR WHICH CHANGES ARE REQUESTED	DESIRED EFFECTIVE DATE OF MODIFICATIONS REPLACEMENT CARD <input type="checkbox"/>

PART II - REGISTRANT ADDITIONS

INDIVIDUALS OTHER THAN THE PERMIT HOLDER(S) FOR A LEASE MAY BE REQUIRED TO OBTAIN A SHELLFISH AQUACULTURE HARVESTER REGISTRATION CARD (SAHRC). PLEASE REVIEW CODE OF MARYLAND REGULATIONS 08.02.23.04 TO DETERMINE REGISTRATION REQUIREMENTS. INDIVIDUALS THAT HAVE BEEN ISSUED SAHP OR SAHRCS MUST POSSESS THE CARD AT ALL TIMES WHEN ENGAGED IN AQUACULTURE ACTIVITIES ON A LEASE. PERMITS AND REGISTRATION CARDS MAY BE SUSPENDED OR REVOKED BY THE DEPARTMENT FOR VIOLATIONS AS DESCRIBED IN COMAR 08.02.23.07.

LIST BELOW ANY PERSON(S) YOU WISH TO ADD AS A REGISTRANT TO THE LEASE LISTED ABOVE USING **FULL, GIVEN NAMES**.

IF EMPLOYING ONE OR MORE PERSONS, PLEASE ENCLOSE A CERTIFICATE OF COMPLIANCE WITH STATE WORKMEN’S COMPENSATION LAWS, AS REQUIRED IN §1-401 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND. AS EVIDENCE OF INSURANCE, AN EMPLOYER-APPLICANT MAY PROVIDE A WORKMEN’S COMPENSATION INSURANCE POLICY NUMBER OR BINDER NUMBER IN LIEU OF SUBMITTING A CERTIFICATE OF COMPLIANCE.

REGISTRANT 1: Full Legal Name _____ Suffix _____

Street Address _____ City, State, Zip Code _____ Telephone Number _____

TFL License number (if applicable) _____ Date of Birth _____ Email Address _____

REGISTRANT 2: Full Legal Name _____ Suffix _____

Street Address _____ City, State, Zip Code _____ Telephone Number _____

TFL License number (if applicable) _____ Date of Birth _____ Email Address _____

REGISTRANT 3: Full Legal Name _____ Suffix _____

Street Address _____ City, State, Zip Code _____ Telephone Number _____

TFL License number (if applicable) _____ Date of Birth _____ Email Address _____

NOTE: IF MORE THAN THREE ADDITIONS. PLEASE ATTACH ADDITIONAL SHEETS OF PAPER WITH NECESSARY INFORMATION FOR EACH REGISTRANT.

PART II - REGISTRANT DELETIONS

IF REQUESTING THAT REGISTRANTS BE REMOVED FROM YOUR LEASE, THEY MUST **SURRENDER THEIR CORRESPONDING REGISTRATION CARDS** BY ENCLOSING THEM WITH THIS FORM IN ORDER FOR THE DELETIONS TO BE PROCESSED.

REGISTRANT 1:

Name _____ Registrant # _____

REGISTRANT 2:

Name _____ Registrant # _____

REGISTRANT 3:

Name _____ Registrant # _____

NOTE: IF MORE THAN THREE DELETIONS, PLEASE ATTACH ADDITIONAL SHEETS OF PAPER WITH NAME AND REGISTRANT # FOR EACH DELETED REGISTRANT.

PART III - REGISTRANT UPDATES

PLEASE USE THIS SECTION TO PROVIDE UPDATED CONTACT INFORMATION FOR ANY OF YOUR **EXISTING** REGISTRANTS.

REGISTRANT 1: Full Legal Name _____ Suffix _____

Street Address _____ City, State, Zip Code _____ Telephone Number _____

TFL License number (if applicable) _____ Date of Birth _____ Email Address _____

REGISTRANT 2: Full Legal Name _____ Suffix _____

Street Address _____ City, State, Zip Code _____ Telephone Number _____

TFL License number (if applicable) _____ Date of Birth _____ Email Address _____

REGISTRANT 3: Full Legal Name _____ Suffix _____

Street Address _____ City, State, Zip Code _____ Telephone Number _____

TFL License number (if applicable) _____ Date of Birth _____ Email Address _____

NOTE: IF MORE THAN THREE UPDATES, PLEASE ATTACH ADDITIONAL SHEETS OF PAPER WITH NECESSARY INFORMATION FOR EACH REGISTRANT.

PART IV - ACKNOWLEDGEMENTS

I UNDERSTAND THAT I MUST HAVE ALL NECESSARY PERMITS AND COMPLY WITH ALL APPLICABLE HEALTH AND ENVIRONMENTAL LAWS AND REGULATIONS IN ASSOCIATION WITH THE ABOVE REGISTRATION CARDS.

I HEREBY APPLY FOR, DELETE, OR MODIFY THE ABOVE REGISTRATION CARDS AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

I WILL DISTRIBUTE REGISTRANT CARDS TO THE ABOVE INDIVIDUALS AS NEEDED UPON RECEIPT FROM THE DEPARTMENT.

SIGNATURE OF PERMITEE

DATE
