



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

NATURAL AND HISTORIC RESOURCES

DIVISION OF FISH AND WILDLIFE

P.O. BOX 420; MAIL CODE: 501-03

TRENTON, NJ 08625-0420

TEL: (609) 292-2965; FAX: (609) 984-1414

VISIT OUR WEBSITE: WWW.NJFISHANDWILDLIFE.COM

PHILIP D. MURPHY
Governor

CATHERINE R. MCCABE
Commissioner

SHEILA Y. OLIVER
Lt. Governor

APPLICATION FOR PERMISSION TO PLANT SHELLFISH

Name of Applicant: _____

Address: _____

Phone Number: (____) _____ - _____

Seed to be Imported: _____
Common Name Scientific Name (Species)

Seed Source / Location: _____
(Hatchery Info.)

Nursery Information: _____
Nursery Location Water Classification

Leased Ground to Be Planted: _____
Section Lot # Location (ex., Delaware Bay)

Description of plan for seed: _____

Quantity / Size: _____
Total Number Estimated Size (mm)

I certify that the information that I provided within this document is true and is in accordance with the N.J.S.A 50:1-34 and 50:1-35 pertaining to permission to plant or lodge shellfish.

Applicant's Signature Date

INTERNAL NHR USE ONLY

Date Received: _____

Administrative Support Staff: _____

Histopathology Report Attached
Yes No

Histopathology Report Receipt Date: _____

Histopathology Review – Recommendation
Approve Deny

Reviewing Biologist

Date

Please submit application to Jenny Tomko – Jenny.Tomko@dep.nj.gov

Management Consent

Ray Bukowski
Assistant Commissioner,
Natural & Historic Resources

Date