

# Atlantic Coast Section of the New Jersey Shellfisheries Council

## Committee Member Application

Please state below whether this is a new application or renewal:

Committee	New	Renewal
Structural Aquaculture		
Lease Policy		
Regulatory		
Hard Clam Management Plan		

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

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone(s): Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever been found in violation of criminal federal/state fishery laws/regulation or convicted of any felony or crime?    Yes:                      No:

If yes, specify below:

Violation	Year

Do you hold a valid Commercial Shellfish License?      Yes:                  No:

Do you hold a valid shellfish lease?      Yes:                  No:

Do you hold a valid Commercial Shellfish Aquaculture Permit issued by the Bureau of Marine Water Monitoring?      Yes:                  No:

Please list any other relevant permits that you may hold that are required for the type of shellfish aquaculture or shellfish harvest activities that you perform: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain your interest in the committee you are applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you affiliated with any industry organization, association, non-profit, co-op or other group that is related to shellfish, shellfish aquaculture, marine fisheries, or marine conservation?

Yes:                  No:

If yes, please list the organization(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide any relevant information (where applicable) that may be useful for evaluating this application. Include any organization(s) you are a member of that are not mentioned above.

Work Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic/Research Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information provided on this application is true, complete, and correct to the best of my knowledge, and made in good faith. I understand that if any of the information reported here is willingly false, I am subject to removal from my advisory position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit application to Megan Swain via email at [Megan.Swain@dep.nj.gov](mailto:Megan.Swain@dep.nj.gov)

Or mail application to:

Attn: Megan Swain  
Nacote Creek Research Station  
Bureau of Marine Habitat & Shellfisheries  
PO BOX 418  
Port Republic, NJ 08241

*Applications will be reviewed on an "as needed" basis. You will be notified of the Council's decision following the meeting in which the applications are reviewed.*

ACSFC Approval Date: