

Checklist for Submitting Lease Renewal Applications

- ☐ Complete application for Commercial Shellfish License; Pay Fees
- ☐ Provide proof of NJ Residency (individual = NJDL;
Corp = Business Entity Report or Short Standing Form)
- ☐ Complete Lease Utilization Form (Atlantic Coast Only)
- ☐ Complete Contact Information Form (both Individual and Corp)
- ☐ Complete and sign 2025 lease extension agreement (*will be provided at appropriate shellfish office*)
- ☐ Provide payment for all fees (check, money order payable to STATE OF NEW JERSEY)
- ☐ Complete all certifications forms (*child support form, harvester training, residency, lessee disclaimer*)
- ☐ Permission to work leased ground form (*if applicable; optional*)
- ☐ GP-30 Structural Notification Form (*if applicable; for structural aquaculture; optional*)
- ☐ Proof of Insurance (*if applicable; for structural aquaculture; optional*)
- ☐ Designated Agent/Representative Form (*if applicable; optional*)



SHELLFISH LEASE HOLDER CONTACT INFORMATION

Lessee Name: _____

Street Address/PO Box: _____

City: _____

State: _____ Zip Code: _____

E-mail Address: _____

☐ Please check here if you would like to opt-in to our Shellfish Aquaculture/Leasing email
listserve.

Phone (Cell): _____

Phone (Home): _____

Co-Lessee Name (if applicable): _____

Street Address/PO Box: _____

City: _____

State: _____ Zip Code: _____

E-mail Address: _____

Phone (Cell): _____

Phone (Home): _____



NJFW- Nacote Creek Research Station
PO Box 418
Port Republic, NJ 08241
Phone: (609) 748-2020
nimarinefisheries@dep.nj.gov

NJFW- Delaware Bay Office
1672 E. Buckshutem Rd.
Millville, NJ 08332
Phone: (856) 785-0730
delbayoffice@dep.nj.gov



Visit our Website: dep.nj.gov/njfw

SHELLFISH, REC CRAB POT, & REC CRAB DREDGE LICENSE APPLICATION

LICENSE YEAR _____

NAME _____ **CID** _____

ADDRESS _____ **DATE OF BIRTH** _____

CITY, STATE & ZIP _____ **COUNTY** _____

DAY PHONE# _____ **CELL PHONE#** _____ **CAN TEXT?** ☐

E-MAIL ADDRESS _____ **SOCIAL SECURITY# **REQUIRED**** _____

GENDER : _____ **HAIR COLOR :** _____ **EYE COLOR :** _____ **HEIGHT :** _____ **WEIGHT :** _____

Is your shellfish license revoked in this or any other state? ☐ **YES** ☐ **NO**

****COMMERCIAL SHELLFISH LICENSE ONLY****

HARVESTER TRAINING# _____ **DATE OF HARVESTER TRAINING** _____

LICENSES	Resident Fee	Non-Resident Fee	Total
Commercial Shellfish License *Harvest Training Certificate required prior to purchase* Visit: https://www.nj.gov/dep/bmw/ for training. Additional information found on the reverse side*	\$50.00	\$250.00	
Juvenile Shellfish License (Under 14 years of age)	\$2.00	\$2.00	
Recreational Shellfish License (14-61 years of age)	\$10.00	\$20.00	
Sr. Citizen Recreational Shellfish Lifetime License (62 years of age and older)	\$2.00	N/A	
Recreational Crab Pot License	\$2.00	\$2.00	
Recreational Crab Dredge License	\$15.00	\$15.00	
		Total	\$

*****PLEASE INCLUDE THE FOLLOWING REQUIRED DOCUMENTS: *****

A COPY OF YOUR DRIVER'S LICENSE AS PROOF OF RESIDENCY/IDENTIFICATION

Make checks payable to the State of New Jersey and mail to the address listed above

***SUPPLEMENTAL LICENSE APPLICATION**

***COMPLETION OF THE CERTIFICATION OF RESIDENCY (ALL *RESIDENT* SHELLFISH LICENSES)**
(SEE REVERSE FOR ABOVE)

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate, or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true.

SIGNATURE _____ **DATE** _____

The Office of the Attorney General highly recommends completion of the Child Support Certification online using the secure Fish and Wildlife website, listed below. If that is not possible, please complete this application and include with your documents when purchasing your Shellfisheries License.

SUPPLEMENTAL LICENSE APPLICATION
Child Support Certification Form

Calendar Year 20 _____

Please certify, under penalty of perjury, the following:

- | | | |
|---|------------------------------|-----------------------------|
| a. Do you currently have a child-support obligation? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| (1) If "Yes," are you in arrears in payment of said obligation? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b. Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c. Have you failed to respond to a subpoena related to either paternity or child-support proceeding? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d. Are you the subject of a child-support related arrest warrant? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

In accordance with N.J.S.A. 2A:17-56,44d, an answer "Yes" to any of the questions (2) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including but not limited to, immediate revocation or suspension of licensure or certification.

<hr/> Date	<hr/> Applicant's Name (Please Print)	<hr/> Applicant's Signature
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* Pursuant to N.J.S.A. 2A:17-56.44e. of the New Jersey Child Support Enforcement Law, the NJDEP Fish and Wildlife is required to obtain your Social Security Number. The NJDEP is further obligated to provide your Social Security Number to the Probation Division or other agency responsible for child support enforcement.

HARVESTER TRAINING CERTIFICATION (COMMERCIAL SHELLFISH LICENSE ONLY)

Prior to harvesting, commercial shellfish harvesters must complete required training available at: <https://www.nj.gov/dep/bmw/>. By signing below, you certify that you have been informed by a DEP representative of the required training. Harvester shall produce certificate of training upon request by NJDEP representatives.

<hr/> Date	<hr/> Signature
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The below is REQUIRED if you are purchasing a license from the following list:

- *Resident Commercial Shellfish License *Resident Juvenile Recreational Shellfish License *Resident Recreational Shellfish License
*Resident Senior Citizen Recreational Shellfish Lifetime License

CERTIFICATION OF RESIDENCY

I CERTIFY THAT I AM LEGALLY DOMICILED WITHIN THE STATE OF NEW JERSEY AS OF THIS DATE AND HAVE NO OTHER DOMICILE. I UNDERSTAND THAT MERE SEASONAL OR TEMPORARY RESIDENCE WITHIN THE STATE DOES NOT CONSTITUTE DOMICILE. I FURTHER CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT CIVIL PENALTIES FOR KNOWINGLY SUBMITTING FALSE, INACCURATE, OR INCOMPLETE INFORMATION AND THAT I AM COMMITTING A CRIME OF THE FOURTH DEGREE IF I MAKE A WRITTEN FALSE STATEMENT WHICH I DO NOT BELIEVE TO BE TRUE.

SIGNATURE OF APPLICANT: _____ DATE: _____

LESSEE DISCLAIMER

This is to certify that I have not been convicted of a violation of N.J.S.A. 50:4-3 or N.J.S.A. 58:24-3 or of any administrative rule promulgated pursuant to those statutory provisions since September 18, 1989 (effective date of N.J.A.C. 7:25-24).

SIGNATURE OF LESSEE: _____ DATE: _____

**NJ DEP Fish and Wildlife
Bureau of Marine Habitat and Shellfisheries
2024 SHELLFISH LEASE ACTIVITY REPORT**

Lessee(s): _____

Please fill out and answer the questions describing activities that had occurred on each lease during the past year.

Under gear type below please indicate one of the following for each lease:

- Screens, Shell, Bottom Cages, Rack and Bag, Floating, Long Lines, Hanging Bags or None

Waterbody	Lot #	Oysters or Hard Clams	Gear Type	Harvested Shellfish Y/N	Planted Seed Y/N	Planted Shell Y/N	# of Man Days	Comments

See second page for a continuation of this table

I understand that information provided in the utilization report may be subject to cross-reference to information submitted to the NJDEP Bureau of Marine Water Monitoring's Commercial Shellfish Aquaculture Permit, Division of Land Resource Protection, and NJ Department of Health. I certify the provided information is true to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____

Shellfish Lease Utilization Report Continued
Please make additional copies if necessary

Under gear type below please indicate one of the following for each lease:

- [illegible]



Permission to Work Shellfish Leased Grounds

Date		Year	
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	First Name	Last Name	CID#
Lessee:			

	First Name	Last Name	CID#
Permission is hereby granted to:			

	Growing Area	Section	Lot #
To work the following leased grounds:			

Please e-mail completed form to: Atlantic Coast leases to Ricky DiVaccaro at Richard.Divaccaro@dep.nj.gov
 Delaware Bay leases to Alissa Wilson at Alissa.Wilson@dep.nj.gov

Additional rows on reverse, if necessary:

	First Name	Last Name	CID#
Permission is hereby granted to:			

	Growing Area	Section	Lot #
To work the following leased grounds:			



Designated Agent/Representative Leasing of Shellfish Ground

To Whom It May Concern:

Please be advised that in accordance with Section 33 Corporation Status within the Shellfish Lease Agreement,

I, _____ am authorizing _____ to act as my representative.
(Business Officer Name) (Authorized Agent)

I am a primary owner/officer of _____ and as such I am aware that my business is bound
(Name of Business) by
actions taken by the agent.

By this Letter of Authorization, we acknowledge that we are fully aware of all the applicable rules,
regulations and laws governing leased shellfish grounds in the State of New Jersey. Furthermore, with the
execution of this document, we acknowledge that we are individually and collectively liable, both civil and
criminal, for the action(s) of the agent and business, under this Letter of Authorization.

Business Officer's Signature Date _____

Agent's Signature Date _____

Sworn and subscribed to before me _____ this _____ day of _____ Notary
Public of New Jersey



Shellfish Aquaculture GP-30 Notification Form

Bureau of Marine Habitat & Shellfisheries

Pursuant to N.J.A.C. 7:7-6.30, prior to the commencement of shellfish aquaculture activities that are authorized by General Permit 30, the permittee shall provide written notification to the NJDEP's Bureau of Marine Habitat & Shellfisheries. This notification includes the deployment of any shellfish aquaculture equipment that is authorized by GP30. See reverse for instructions. Call staff contact below if you have any questions.

SUBMIT A SEPARATE FORM FOR EACH LEASE

1. Waterbody:		2. Section / Lease Number:	Section	Lease #
3. Permit Holder Name:		4. Leaseholder Name:		
5. Phone Number:		6. Email Address:		
7. Division of Land Resource Protection Permit Number:		8. Expiration Date:		
9. Estimated Date of Gear Deployment:				
10. Species:	<input type="checkbox"/> Eastern Oyster <input type="checkbox"/> Hard Clam <input type="checkbox"/> Surf Clam <input type="checkbox"/> Bay Scallop			
11. Gear Type:	<input type="checkbox"/> Floating Cages/Bags <input type="checkbox"/> Bottom Cages <input type="checkbox"/> Rack and Bag <input type="checkbox"/> Longlines <input type="checkbox"/> Other (If other, see below)			
12. If you chose Other, describe:				
Provide this written notification to the appropriate NJDEP's Bureau of Marine Habitat & Shellfisheries office via email or mail:				
ATLANTIC COAST SHELLFISH LEASES: RICKY DIVACCARO NACOTE CREEK SHELLFISH OFFICE PO Box 418, Port Republic, NJ 08241 Email: Richard.DiVaccaro@dep.nj.gov		DELAWARE BAY SHELLFISH LEASES: ALISSA WILSON DELAWARE BAY SHELLFISH OFFICE 1672 East Buckshutem Road, Millville, NJ 08332 Email: Alissa.Wilson@dep.nj.gov		
*See reverse for instructions. <i>I solemnly affirm that the contents of the foregoing document are true to the best of my knowledge, information, and belief. The reported information may be subject to cross-reference to data submitted to the NJDEP Bureau of Marine Water Monitoring's Commercial Shellfish Aquaculture Permit and the Division of Land Resource Protection.</i>				
Name:				
Signature:			Date:	
<u>For Official Use Only</u>	Staff Confirmation Name:		Date Received:	

Shellfish Aquaculture GP-30 Notification Form Instructions

Pursuant to N.J.A.C. 7:7-6.30, prior to the commencement of shellfish aquaculture activities that are authorized by General Permit 30, the permittee shall provide written notification to the NJDEP's Bureau of Marine Habitat & Shellfisheries. This notification includes the deployment of any shellfish aquaculture equipment that is authorized by GP30. The purpose of this notification is to identify what leases actually have gear, rather than what leases could have gear. This requirement is a critical step in identifying where gear is deployed in New Jersey's coastal waters.

Steps to Completing and Submitting Notification Forms

- ✓ You are required to provide a notification form for each individual lease prior to commencement of authorized activities and prior to deployment on said lease.
- ✓ Forms should not be submitted for leases where gear is not deployed, even if covered under your DLRP permit.
- ✓ **Form Sections:**
 1. Enter Lease Area Name – for example, “Great Sound”
 2. Enter Lease Section and Lease Number – for example, "Section A – Lot 215”
 3. Enter the name of the DLRP Permit Holder (not the lease holder)
 4. Enter the name of the shellfish lease holder (not the permit holder)
 5. Enter best phone number
 6. Enter valid email address
 7. Enter the full Division of Land Resource Protection permit #
 8. Enter expiration date of the Division of Land Resource Protection permit
 9. Enter the date of gear deployment
 10. Check box for species being cultured
 11. Check box for gear type actually deployed on lease - see * below
 12. If “other” is selected, explain type of authorized gear being deployed
- ✓ Mail or email your completed form to the appropriate section (Atlantic Coast or Delaware Bay)
- ✓ *This form is meant to notify the MHS of the *type of gear* deployed on lease. We are not necessarily interested in the amount of gear you have deployed on a given lease as long as it is in compliance with your DLRP permit.
 - As long as you are compliant with the terms of your DLRP permit, you do **not** need to advise MHS regarding the number of gear deployed.
 - Upon submitting this form, you are **not** required to notify MHS again for this specific lease unless you need to modify the type of gear deployed on a lease (for ex., do not notify MHS when removing or adding structure for maintenance, upkeep, etc.).
 - The only time you will need to update this form is for changes to the type of gear deployed (for example, you have already submitted a form to MHS that you have deployed bottom cages on a lease, but now plan to add floating gear to that lease. In this case, you should submit a new form indicating the new gear type addition).
 - This form does **not** need to be renewed annually, again unless there are changes to gear type.
 - A separate form must be submitted for each individual lease where gear is *actually* deployed.
 - If a lease will no longer have gear deployed on it, please alert MHS that the form is no longer valid and can be deleted from the database.
 - Do not submit forms for leases that do not have gear deployed. The notification requirement is specifically for deployment.

Feel free to contact staff at the appropriate office should you have any questions.

This form is available at: <https://dep.nj.gov/aquaculture/forms/>