



# State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

NJ Fish and Wildlife

Marine Resources Administration

P.O. Box 418

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Visit our website: [WWW.NJFISHANDWILDLIFE.COM](http://WWW.NJFISHANDWILDLIFE.COM)

David M. Golden, Assistant Commissioner

PHILIP D. MURPHY  
*Governor*

TAHESHA L. WAY  
*Lt. Governor*

SHAWN M. LATOURETTE  
*Commissioner*

## APPLICATION FOR PERMISSION TO IMPORT SHELLFISH

Please submit applications to Megan Swain with the Bureau of Marine Habitat & Shellfisheries via email –  
[Megan.Swain@dep.nj.gov](mailto:Megan.Swain@dep.nj.gov)

Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

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

Seed to be Imported: \_\_\_\_\_  
Common Name Scientific Name (Species)

Seed Source / Location: \_\_\_\_\_  
(Hatchery Info & waterbody)

\_\_\_\_\_

\_\_\_\_\_

New Jersey Nursery Grounds (if applicable):

\_\_\_\_\_  
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)

Is a Pathology report of the source seed included with the application? YES NO

**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

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**\*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

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## Management Consent

\_\_\_\_\_  
**Joseph A. Cimino**

*Administrator*

Marine Resources Administration

\_\_\_\_\_  
Date