



License to Collect or Possess (LCP): Shellfish Gardening

Application Instructions

STATUTORY AUTHORITY: Environmental Conservation Law Section 11-0515 (1) and 6 NYCRR Part 175.

For more information on this license visit: <https://www.dec.ny.gov/outdoor/114049>

Instructions for LICENSE AMENDMENTS:

To apply for a license amendment, use the 'License Amendment Request' form: (NEW WEBSITE). Include only the information on the request form pertaining to the specific amendment(s) you are requesting. Please do not include previously submitted information already authorized under your license.

Instructions for LICENSE RENEWAL:

All licenses expire one year from the date of issuance. A license renewal form will be sent by mail prior to the expiration date noted on the license. If a license renewal form is not received at least 2-weeks prior to the expiration date, contact the Marine Permit Office at (631) 444-0470 – **do not complete a new application.**

Instructions for ANNUAL REPORT:

All licensees must submit an annual report with their license renewal. The license will have a condition that lists the required information for the annual report.

1. What organization are you partnered with?

- Indicate which shellfish hatchery organization you are working with and receiving seed from.

2. Applicant Information

- Provide your Last Name, First Name and Middle Initial.
- Provide your Date of Birth
- Provide your Street Address, City, County, State, and Zip Code where you live/receive mail.
- Provide your Email and Telephone Number

3. Location of Shellfish Garden

- Provide the physical address of the location where the shellfish garden will be permanently located. Including Street Address, City, County, State, Zip Code, and also Coordinates of site location.

4. Site Description

- Indicate the location your shellfish garden. Shellfish gardens can only be installed at docks, bulkheads, or on underwater lands, which you must provide proof of ownership for.

5. Map of Site Location

- Provide a copy of a map that indicates your site location. Refer to the NYSDEC Shellfish Mapper (link below) to ensure your location is in a certified shellfish harvesting area: bit.ly/shellfishlands

6. Species of Possession

- Provide the Common Name, Scientific Name (Genus species), and Total Number of species you wish to possess.
(Example: Eastern oyster, *Crassostrea virginica*, 1000 individuals)

7. Designated Agents

- License holders may designate individuals to function as agents under their license. If you choose to select a designate agent, please include their First Name, Last Name and Affiliation. If you choose to designate an agent at a later time, use the [LCP: Shellfish Gardening License Amendment Request Application](#) (PDF).

APPLICATION CHECKLIST: Before submitting your application, verify the following information is completed and all required document(s) are submitted with your application.

- All application sections marked with an asterisk (*) are complete (Required)
- You have signed and dated below (Required)
- Include a photocopy of **Shellfish Garden Site Location Map** (Required)
- If using underwater lands, include a photocopy of **proof of ownership of underwater lands**

MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:

NYS Department of Environmental Conservation
Division of Marine Resources – Marine Permit Office
205 N. Belle Mead Road, Suite 1
East Setauket, New York, 11733

For questions, please contact us

Phone: (631) 444-0470

Fax: (631) 444-0497

Email: MPO@dec.ny.gov

Website: www.dec.ny.gov/outdoor/114049



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LICENSE DURATION

License to Collect or Possess (LCP): Shellfish Gardening

For Office Use Only

LICENSE FEE: NONE

Application

For more information on this license visit: www.dec.ny.gov/outdoor/114049

License # _____

STATUTORY AUTHORITY: Environmental Conservation Law Section 11-0515 (1) and 6 NYCRR Part 175.

The Department of Environmental Conservation (DEC) may issue a License to Collect or Possess to qualified individuals to collect or possess fish, wildlife, shellfish, crustacea, protected insects, birds' nests or eggs.

This application is only for the following purposes: Shellfish Gardening.

*WHAT ORGANIZATION ARE YOU PARTNERED WITH?



SPAT (Suffolk Project in Aquaculture Training)



EHSEED (East Hampton Shellfish Education and Enhancement Directive)



Other: _____

*APPLICANT INFORMATION:

Name / Date of birth

Last First M.I. DOB (mm/dd/yyyy)

Mailing Address

Street Address Apartment/Unit City

County State Zip Code

Email / Telephone

Email Telephone

* LOCATION OF SHELLFISH GARDEN: (Provide physical address of site location and coordinates)

Physical Address

Street Address City

County State Zip Code Coordinates

*SITE DESCRIPTION:



Dock



Bulkhead



Underwater Land

(Must provide proof of ownership of the underwater lands you will be using)

*MAP OF SITE LOCATION: Provide a copy of a MAP that indicates your site location and coordinates.

Refer to the NYSDEC Shellfish Mapper (link below) to ensure your site location is in a certified shellfish harvesting area: bit.ly/shellfishlands



*SPECIES: (Please provide the common name, scientific name (Genus species) and the total number of the species you wish to possess)

Common Name	Scientific Name	Total Number
Eastern Oyster	Crassostrea Virginica	1,000

*DESIGNATED AGENTS:

Do you wish to designate agent(s) under your license to assist you in the care of listed animals?

If YES, please include their name(s):

Kim Tetrault, CCE Marine Program

Yes No

APPLICATION CHECKLIST

Before submitting this application, verify the following information is completed and all required document(s) are submitted with your application.

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- You have signed and dated below (Required)
- Include a photocopy of **Shellfish Garden Site Location Map (Required)**
- If using underwater lands**, include a photocopy of proof of ownership of underwater lands

By signing below, I understand and agree to the

- The licensed shellfish are the property of the license holder to be used for education, restoration or personal use only, they will not be used for any commercial purposes.
- All rules and protocols of the shellfish growing program will be adhered to.
- Consuming shellfish poses health risks and following proper protocols may reduce those risks.

*NOTICE: Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Law.

Applicant's Signature

Date

MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:

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Division of Marine Resources – Marine Permit Office
205 N. Belle Mead Road, Suite 1
East Setauket, New York, 11733

For questions, please contact us

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Fax: (631) 444-0497

Email: MPO@dec.ny.gov

Website: www.dec.ny.gov/outdoor/114049

Please allow 45 days for DEC to review and process your application. Incomplete or vague applications will be returned and delay the processing of your permit.