



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT-FOOD PROTECTION
129 PLEASANT STREET, CONCORD, NH 03301
Telephone: 603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: dhhs.foodprotection@dhhs.nh.gov

Application for Shellfish Relay

RS 407582

Send completed application and fee of \$50 (payment to be in form of check or money order made payable to Treasurer, State of NH) to:

Department of Health and Human Services
Bureau of Finance/Receipts Units - Food Protection Section
129 Pleasant St., Concord, NH 03301

To allow time for processing, applications must be submitted 30 days prior to the requested date of relay and issued permit will only be valid for dates specified on application. New application is required if new dates are requested.

Applicant Name: _____
(Last name printed) (First name printed)

Name to appear on Permit: _____
(Print Name to Appear on Permit i.e. Company Name or Doing Business As (dba))

Address: _____
(Street) (City, State, Zip Code)

Business Phone: _____ **email:** _____

Requested relay dates: Start date: _____ **End date (if not the same date as Start date):** _____

State Authorized Relay Supervisor (1): _____
(Name and Address)

Business Phone: _____ **email:** _____

State Authorized Relay Supervisor (2): _____
(Name and Address)

Business Phone: _____ **email:** _____

State Authorized Relay Supervisor (3): _____
(Name and Address)

Business Phone: _____ **email:** _____

PART I – SHELLFISH WILL BE REMOVED FROM:

No relay is allowed from areas classified Prohibited or Conditionally Restricted in the “closed” status.

Shellfish Species/Amount	City/Town	Lease Identifier
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART II – SHELLFISH WILL BE RELAYED TO:

Shellfish Species/Amount	City/Town	Lease Identifier

Will any shellfish listed in PART I be brought to shore? Yes or No (circle)
If 'yes', please complete PART IV.

Type of Relay: Container No container/broadcast

If container relaying will be used, describe the containers (type, size, materials) in detail and the system of container identification. Must be sufficient to locate and avoid re-harvest of shellfish in containers that have not completed the relay process.

PART III – BOAT IDENTIFICATION

1. Name _____ Registration No. _____
Color _____ Size _____ Make _____
Marine head with discharge? Yes or No (circle) Documented _____
Captain _____ Date of Birth _____
Owner/Other information _____

2. Name _____ Registration No. _____
Color _____ Size _____ Make _____
Marine head with discharge? Yes or No (circle) Documented _____
Captain _____ Date of Birth _____
Owner/Other information _____

PART IV – IF ANY SHELLFISH IN PART I WILL BE BROUGHT TO SHORE

1. Name of Individual/Company that will transport shellfish listed in PART I: _____

2. Location of Landing/Loading Docks: _____
(Name of dock, street, town)

3. Vehicle to be used for transporting: _____
(Type, make, model, year, registration)

PART IV – IF ANY SHELLFISH IN PART I WILL BE BROUGHT TO SHORE (cont.)

4. Expected dates and times of start and completion of the landing/loading operations (be specific – extensions can be applied for if needed): _____

5. Location of receiving point for shellfish transported in vehicle noted in 3. above: _____

(Name of dock) (Street) (Town)

6. If shellfish are to be stored at this location (noted in 5. above) rather than loaded on boat for immediate delivery to waters listed in part II, please note area, method, and length of storage:

(Area and method of storage) (Expected length of storage)

**PART V – DETAILED DESCRIPTION OF PROPOSED RELAY PROCESS
(If additional space is required please provide as attachment.)**

“I certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.”

Signature of applicant: _____ Date: _____

-----DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY-----

Date App Received: _____ Effective Period: _____ Date approved by SSO: _____