

## Application for The Importation or Introduction of Marine Invertebrates and Algae

Important! Most importation and introduction requests must be accompanied by a health inspection report. Please consult with DMR prior to completing inspection screening on the organisms to be imported or introduced.

Send completed application	s to:	DMR Pathology P.O. Box 8	
	West Boothb	P.O. Box 8 bay Harbor, ME 04575-0008	
	Email: <u>Pa</u>	thology.DMR@maine.gov	
To allow time for process	sing, please submit a	applications 30 days prior to	the requested date of transfer.
PLEASE TYPE OR PRINT			
Date of Request:			
Type of Transfer (Check):	Broodstock: 🗌	Seed/Juveniles: 🛛	Other: □
If you are importing B	roodstock, will it be	returned to the Hatchery/Orig	gin following spawning? (Check)
Yes: 🗌	No: □		
Name:			
Address:			
City:		State:	Zip:
Business Phone:	FAX:	email:	
Species:		Age/Size:	
Lot Number:	Strain:	Quantity:	
Origin (aquaculture leases, in	clude "Site ID"):		
Address:			
City:		State:	Zip:
Phone:		Fax:	
Destination (aquaculture leas	es, include "Site ID"	):	
Contact:			
Address:			
Rev. 2024-20-02		Page 1 of 2 Applicant	



Application for The Importation or Introduction of Marine Invertebrates and Algae

City:	State:	Zip:	
Phone:	Fax:		
Transfer Dates: Begin:	End:		_
Please describe the nature and purpose of your reque	sted activity (attach a	separate sheet if nee	ded):
I understand that all shipments of marine organisms to the company's name and address and date: ( <i>Initial</i> )			with my name,
I understand that a copy of a current approved transfe shipments from the facility: ( <i>Initial</i> )	er permit for the lot be	ing transferred must a	accompany all
I understand that no live marine organisms or gameter permission of the Commissioner of DMR: ( <i>Initial</i> )			vithout written
I understand that the facility licensee must keep invoid purchased and must make them available for inspection ( <i>Initial</i> )			
Signed		Date:	_
*Attach Health Inspection Reports indicating inspection	on in accordance with	Maine 12 M.R.S.A. 60	71 Chapter24.05.
* If applying for a permit to import or introduce marine description of the quarantine procedure to be used an			
Department Use Only			
Import/Introduction Permit Number:	Approved	Denied	
Effective period:			
Comments/Conditions:			-
Signature of approving person:		_ Date:	_