



Department of Marine Resources

Application for Cultivation of Atlantic Salmon
DMR Pathology, P.O. Box 8, West Boothbay Harbor, ME 04575
Phone: 207-350-7815

PLEASE TYPE OR PRINT

Date of Request: _____

Company Name: _____

Manager or Contact Person: _____

Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ FAX _____ email: _____

Hatchery Name: _____ Watershed/River _____

GPS Coordinates (If Known) _____ Total Capacity of Facility: _____

Fish Health Inspector/Veterinarian: _____

Fish Lot#	Fish Strain	Egg Source	Transfer Permit	Fish Quantity

I understand that all shipments of fish transported from the facility must be tagged with my name, the companies name and address and date. (initial) _____

I understand that all shipments of fish transported from the facility must be accompanied by a copy of a current approved transfer permit for the lot being transferred: (initial) _____

I understand that no live fish or gametes may be imported into the State of Maine without written permission of the Commissioner of DMR. (initial) _____

I understand that the facility licensee must keep invoices for all shipments of fish sold or purchased and must make them available for inspection by the Commissioner or their authorized agent: (initial) _____

Sign: _____ Date: _____