



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF FISH AND WILDLIFE

Mail Code 501-03

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CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

BOB MARTIN
Commissioner

APPLICATION FOR PERMISSION TO PLANT SHELLFISH

Name of Applicant: _____

Address: _____

Phone Number: (____) _____

Seed to be Imported: _____
Common Name Scientific Name (Species)

Seed Source / Location: _____
(Hatchery Info.)

Leased Ground to Be Planted : _____
Section Lot # Location (ex., Delaware Bay)

Quantity / Size: _____
Total Number Estimated Size (mm)

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 _____

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

Management Consent

Richard Boornazian
Assistant Commissioner,
Natural & Historic Resources

Date