



# Oyster Harvester Surcharge

Initials: \_\_\_\_\_ I hereby certify under penalty of perjury that I have received from the Department of Natural Resources **Wild Shellfish Harvest Tags**, which must be affixed to each bushel of oysters in accordance with COMAR 08.02.04.04.

# Clam Harvester Declaration

During the 2023-2024 license year, I intend to harvest clams (initial all that apply):

Initials: \_\_\_\_\_ *Mya arenaria* (Soft-shell clam)

Initials: \_\_\_\_\_ *Tagelus plebeius* (Razor clam)

Initials: \_\_\_\_\_ *Mercenaria mercenaria* (Hard-shell clam)

I hereby **acknowledge my responsibility** as a licensed shellfish harvester **to know and comply with all laws** governing shellfish including harvesting, reporting requirements, and restrictions related to shellfish harvesting gear.

I hereby certify under penalty of perjury that I have received from the Department of Natural Resources **maps and coordinates** of oyster sanctuaries, closed oyster harvest reserve areas, areas closed to shellfish harvest by the Department of the Environment, and National Shellfish Sanitation Program-required shellfish harvest, handling, and transportation training. I also certify that I have been provided access to commercial shellfish aquaculture lease maps and coordinates in order to know the location of leases prior to harvest. I understand the classification of some harvest areas may change after this book is published and to contact the Department of the Environment (see page 5 of closure book) for the most recent water quality classifications.

I certify under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
DNR ID

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

License # \_\_\_\_\_

This is a license transferee (transferee must sign affidavit)

This is an authorized user (must sign an affidavit)

Email (By providing my email address, I hereby certify I have received a copy of the 2023-2024 Shellfish Areas Closure Book electronically): \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ Signed and sworn to (or affirmed) before me  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Title of office \_\_\_\_\_

Signature of notarial officer \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

