



MARYLAND DEPARTMENT OF NATURAL RESOURCES

FISHERIES SERVICE

OUT-OF-STATE FISH SUPPLIER REGISTRATION

(Authority: NR §§ 4-11A-02, 4-11a-21, and 4-602)

PLEASE PRINT OR TYPE. RETURN COMPLETED FORM TO RICHARD BOHN, DNR FISHERIES SERVICE B-2, TAWES STATE OFFICE BUILDING, 580 TAYLOR AVENUE, ANNAPOLIS MD 21401; FAX # 410-260-8279

VENDOR NAME AND ADDRESS: _____

Contact Person: _____ Telephone #: _____

SPECIES: _____

TERM: Expires December 31. Yearly renewal required.

Designated Representative of the Department of Natural Resources for all matters related to this permit:
Gina Hunt, Division Director, Policy and Regulations
DNR Fisheries Service B-2, 580 Taylor Avenue, Annapolis MD 21401

REGISTRATION CONDITIONS:

In accepting this permit, the Vendor agrees to the following conditions: (1) Finfish may be certified by an authority acceptable to the Department to be free of any known viral, bacterial, protozoan, or parasite infections which have the potential to contaminate native or naturalized fish or aquatic plants; (2) If finfish are not certified, the recipient(s) must be informed, prior to delivery, that the fish have not been screened for viral, bacterial, protozoan, or parasite infections; (3) The sale of the product shall be identified as an aquaculture product accompanied by a receipt showing the date of sale, name and address of the aquaculture facility, species and amount of product; and (4) Live finfish from any source shall not be stocked in Maryland waters unless specifically permitted by the Department, notwithstanding §§4-602 which permits the introduction of bluegill sunfish, golden shiner, fathead minnows and channel catfish.

If the Vendor is found to have violated the conditions of this permit or any applicable State or Federal law or regulation, the Department may terminate this permit in accordance with the provisions of Maryland's Administrative Procedure Act.

I HEREBY APPLY FOR REGISTRATION AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature of Applicant: _____ Date: _____

Approved: _____ Date: _____