**Application for Tribal Bait Harvest Site Certification**

**and Bait Harvest Permit**

**A separate application must be submitted for each Harvest Site**

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| ***Shellfish company information*** |
| *Licensed Tribal representative* | *Phone number* |
| *Tribal company name* | *Company cert number* |
| *Company address*  | *Date submitted* |

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| ***Harvest site information:*** |
| *This harvest site is owned by*  | *Owner phone number*  |
| *Harvest site physical address*  | *City*  | *Zip* |
| *County* | *Acres* |
| *Parcel tax #, DNR contract #, bidn #, lease #, Willapa bed #, or geoduck tract name & number (one per application)*  |
| *Harvest Site ID Wet Storage Site:* [ ]  Yes [ ]  No |
| *Species company will harvest (check all that apply):* [ ]  Manila Clams [ ]  Littleneck Clams [ ]  Butter Clams [ ]  Razor Clams [ ]  Varnish Clams [ ]  Oysters [ ]  Geoduck ”Intertidal" [ ]  Geoduck “Subtidal" [ ]  Mussels [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*The documents listed below must be submitted with your signed application. Applications missing
any information cannot be processed until all required documents are received.*

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| **✓** | REQUIRED DOCUMENTS. Please check off applicable document and include it with your application. |
| [ ]  | Copy of property tax statement showing ownership & parcel number |
| [ ]  | County parcel map with harvest site marked or USGS general area map with harvest site marked |

*I agree that no harvest of shellfish may occur based on this application before I receive the certification letter and a copy of my updated Harvest Site Certificate from the Department of Health, Office of Environmental Health and Safety.*

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| ***Signature of licensed shellfish company* *representative*** | ***Title*** | ***Date*** |
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 *Print and sign, then mail to the address at the top of this form, or scan and email to* *shellfish@doh.wa.gov**. Applications without a valid signature will not be processed.*

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| **Office Use Only**[ ]  **Approve** [ ]  **Deny** **Signature**: **Date**:  |
| **Comments:** |

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| ***This page is for office use only*** |
|  |
| *Application Process Checklist* | *Staff* | *Date* |
| This harvest site will result in a change of biotoxin fee amount [ ]  Yes [ ]  NoThis site application accompanies a new license application [ ]  Yes [ ]  NoSupport staff notified of changes/additions needed to HealthSpace database [ ]  Yes [ ]  No |  |  |
| Application Received / Acknowledgement Letter Sent |  |  |
| Lease Expiration Date (if applicable): |  |  |
| Incomplete Application - Date due at 30 days Pending: |  |  |
| Received Pending information Rec’d Date: |  |  |
| Growing Area Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Water Station # \_\_\_\_\_\_\_\_\_\_\_ Water quality standard met? [ ]  Yes [ ]  NoCoordinates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Biotoxin Water Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is the parcel currently open? [ ]  Yes [ ]  NoIs site in a Conditionally Approved area? [ ]  Yes [ ]  NoIf Conditionally Approved, is CAAMP on file? [ ]  Yes [ ]  NoNotify Growing Area support staff CAAMP is required? [ ]  Yes [ ]  N/A |  |
| File to Shoreline Survey Staff |  |  |
| Has parcel been evaluated in Shoreline Survey? [ ]  Yes [ ]  NoParcel evaluation completed [ ]  Yes [ ]  N/A |  |  |
| File to Harvest Site Staff  |  |  |
| Certification Date  |  |  |
| Certification, Denial, or Withdrawal Letter sent |  |  |
| ***Actions / Comments*** |
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