**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*** |
|  |

*Print and sign, then mail to the address at the top of this form, or scan and email to* [*shellfish@doh.wa.gov*](mailto: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  No  This site application accompanies a new license application  Yes  No  Support 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  No  Coordinates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Biotoxin Water Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the parcel currently open?  Yes  No  Is site in a Conditionally Approved area?  Yes  No  If Conditionally Approved, is CAAMP on file?  Yes  No  Notify Growing Area support staff CAAMP is required?  Yes  N/A |  | |
| File to Shoreline Survey Staff |  |  |
| Has parcel been evaluated in Shoreline Survey?  Yes  No  Parcel evaluation completed  Yes  N/A |  |  |
| File to Harvest Site Staff |  |  |
| Certification Date |  |  |
| Certification, Denial, or Withdrawal Letter sent |  |  |
| ***Actions / Comments*** | | |
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