Commercial Shellfish License Update Request

For Department of Health Use Only	
Date Received	*Reviewed by (Inspector):* *Approved Date:*

This form may be used to update your Commercial Shellfish License ownership or operational name in the event of an internal operational change, such as a generational hand off or licensee update.

This form may <u>not</u> be used in the event of an operational sale or facility address change.

Instructions: Complete this form and mail it with required documents to the Department of Health Shellfish Program, PO Box 47824, Olympia, WA 98504-7824 or email it to shellfish@doh.wa.gov. All fields are required unless otherwise indicated. If you have questions, please call 360-236-3330 or email us at shellfish@doh.wa.gov.

Update being Requested

Operation Name:	Certification Number:

1. ☐ **Owner/Licensee Update (Complete Part A)**

   I have included the following to support this update (Check all that apply):

   ☐ Official Meeting Minutes ☐ Internal Memo or Newsletter announcing change to Leadership

   ☐ Will or Marriage documents ☐ Other

2. ☐ **Operational Name Update**

   Current Name (as it appears on license):

   New Name (as it will appear on license):

Part A- Owner/Licensee Update

Licensee Name (Current):	Title:	Phone:	Email:
Licensee Name (New):	Title:	Phone:	Email:
Primary Contact:	Title:	Phone:	Email:
Tribal Affiliation (if applicable):			
New Mailing Address: Street:	City:	State:	Zip:

Signature

This certifies that I have reviewed and agree to comply with the laws, regulations and requirements as stated in RCW 69.30, WAC 246-282, and the National Shellfish Sanitation Program Model Ordinance.

Name of Owner/Licensee (Print)	Signature	Date

If updating owner/licensee, the new owner/licensee must also sign this request:

This certifies that I have reviewed and agree to comply with the laws, regulations and requirements as stated in RCW 69.30, WAC 246-282, and the National Shellfish Sanitation Program Model Ordinance.

Name of Owner/Licensee (Print) ***As it will appear on license***	Signature	Date

DOH 333-407 December 2025

Shellfish Program: 360-236-3330 | shellfish@doh.wa.gov

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or doh.information@doh.wa.gov.