

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGRICULTURE**

Bureau of Animal Health and Diagnostic Services
2301 North Cameron Street
Harrisburg PA 17110-9408
PH: 717-783-9550 FAX: 717-787-1868

APPLICATION TO REGISTER FOR ARTIFICIAL PROPAGATION

(for use by commercial propagation facilities including facilities intending to propagate game fish, fish bait, baitfish, amphibians, reptiles and aquatic organisms)

INITIAL APPLICATION RENEWAL APPLICATION OF AQUACULTURE CERTIFICATION # _____

REGISTRATION FEE: \$150.00

CHECK OR MONEY ORDER PAYABLE TO: **COMMONWEALTH OF PENNSYLVANIA**

1. Name of Business _____
2. Business Mailing Address (STREET OR POST OFFICE BOX) _____

3. Telephone Number _____ Fax _____
4. Email Address _____
5. Printed Name of Owner/ Applicant _____
6. Home Address of Owner/Applicant (STREET OR POST OFFICE) _____

7. Business GPS Coordinates _____
8. Purpose of the facility (Commercial, Research, Other) _____
9. Do you own or lease the lands and waters used for artificial propagation? _____ If leased, please send a copy of lease with application
10. Are any of your facilities recirculating systems with no direct connection to any local waterways, i.e., closed systems? ____ Yes ____ No
If yes, what is the ultimate disposal method of the recycled water? _____

If yes, what features and precautions ensure no organisms escape from the facility

If yes, give Common and Scientific name of the species you intend to propagate in the closed system

If no, give Common and Scientific name of the species you intend to propagate in an open system (See Attachment A" for list of 'Species by Watershed Approved for Open System' and the name of the watershed within which your facility is located (Erie, Ohio, Potomac, Susquehanna or Delaware)

11. Location of Propagation Facility No. 1 (STREET ADDRESS) _____

(COUNTY/TWP) _____

GPS Coordinates (IF KNOWN) _____

Location of Propagation Facility No. 2 (STREET ADDRESS) _____

(COUNTY/TWP) _____

GPS Coordinates (IF KNOWN) _____

Location of Propagation Facility No. 3 (STREET ADDRESS) _____

(COUNTY/TWP) _____

GPS Coordinates (IF KNOWN) _____

12. For closed recirculating systems list the total number of tanks including total gallons. For open systems list the total number of ponds and/or raceways including the surface area, and maximum depth.

Facility 1 _____

Facility 2 _____

Facility 3 _____

13. For each open facility's water supply provide a description and name of each river, stream, lake or pond or if an underground water source write "underground water source."

Facility No. 1: _____

Facility No. 2: _____

Facility No. 3: _____

14. Provide a diagram of each facility on Attachment "B."

15. What is your current or anticipated production level in both pounds/year and gross sales?

Pounds/Yr _____ Gross Annual Sales _____

Sole Proprietor:

Signature

Legibly Print Name

Date

Partnership:

Signature – General Partner

Legibly Print Name

Date

Signature – General Partner

Legibly Print Name

Date

Corporation:

Name of Corporation

Signature of President / VP (circle which)

Date

Legibly Print Name

Signature of Secretary / Treasurer (circle which)

Date

Legibly Print Name

Limited Liability Company (LLC):

Name of Corporation

Signature – Member

Date

Signature – Member

Date

Legibly Print Name

Legibly Print Name

Signature – Member

Date

Signature – Member

Date

Legibly Print Name

Legibly Print Name