

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGRICULTURE
Bureau of Animal Health and Diagnostic Services
2301 North Cameron Street
Harrisburg PA 17110-9408
PH: 717-772-2852 FAX: 717-787-1868

**APPLICATION FOR DEALERS OF LIVE FISH, LIVE BAITFISH, LIVE FISH BAIT, REPTILES, AMPHIBIANS, AND
OTHER AQUATIC ORGANISMS**

INITIAL APPLICATION

RENEWAL APPLICATION OF AQUACULTURE CERTIFICATION # _____

REGISTRATION FEE: \$50.00 for 5 YEARS

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

1. Name of Business _____

2. Business Mailing Address (Street or Post Office) _____

2a If PA Resident (County) _____ Township/Municipality _____

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 911 street address or business GPS coordinates - **REQUIRED**

8. Complete the following for all licensed dealers, licensed propagators and all other persons or businesses from whom you are purchasing your live fish, live baitfish, live fish bait, reptiles, amphibians and/or other aquatic animal species or organisms. If you need more space than that provided, please attach additional pages as needed.

Name of Business: _____

Address of Business: _____

Phone number(s) _____

Species Purchased from business: include scientific name of each species purchased

List Location and List Source (Wild Caught or Purchased) _____

Name of Business: _____

Address of Business: _____

Phone number(s) _____

Species Purchased from business: include scientific name of each species purchased

List Location and List Source (Wild Caught or Purchased) _____

9. Do you receive live fish, live aquatic animal species or organisms, or live baitfish from any Great Lake States (Illinois, Indiana, Michigan, Minnesota, New York, Ohio or Wisconsin) or the Pennsylvania counties of Crawford, Erie or Potter)?

If yes, please state from where: _____

If yes, do you have a completed Aquaculture Verification Certificate and proof of negative VHS status for each lot of fish received? ____Yes ____No

If yes, please submit with application.

10. Do you receive any species of fish from a source outside of the Commonwealth?

_____Yes _____No

If yes, list all such species and their scientific names below: (All species of fish transported into the Commonwealth shall be species whose health inspection reports have been approved by the Department)

11. Are any of your facilities recirculating systems with no direct connection to any local waterways, i.e., closed systems (See attachment '71.3 Closed System Propagation Description')? ____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 **NO**, which Pennsylvania Watershed(s) does your discharge water flow into? _____

12. What are your Gross Annual Sales? _____

13. List all of the species and their scientific names you deal in within the Commonwealth of Pennsylvania. Species not appearing on the approved species list may not be sold for any use within Pennsylvania.

I MAKE THE FOREGOING REPRESENTATIONS SUBJECT TO THE PENALTIES OF 18 PA.C.S.A. SECTIONS 4904(RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES)

(Date of Application)

(Signature of Applicant)

***NOTE: All non-Pennsylvania sources of live fish, live bait fish, and live fish bait must be approved as to the source for disease transmission prevention by the Pennsylvania Department of Agriculture. Send a copy of each source facility's current fish health inspection report to the Department along with your application. Sources may be approved for a calendar year period.**

Applicant Verification, Certification and Acknowledgment

(All Applicants Previously Listed Must Sign Below)

The applicant(s) verifies, certifies, represents, affirms and warrants to the Commonwealth of Pennsylvania, Department of Agriculture, Bureau of Animal Health and Diagnostic Services, that it meets all eligibility requirements set forth in the Act, the Regulations and this License Application and that:

The information contained herein and in all attachments and supporting material is true and correct, the filing of the License Application has been duly authorized by the applicant(s), and the Board of Directors thereof if a corporation, and the undersigned(s) has/have authority to execute this License Application on behalf of the applicant(s). The applicant(s) affirm(s) the information set forth in this License Application Form is true and correct and makes these statements subject to the penalties of 18 PA.C.S.A. § 4904, relating to unsworn falsification to authorities. That crime carries a jail term of up to 5 years, and a fine of between \$1,000 and \$5,000. Being aware of the possibility of criminal prosecution relating to false statements, the applicant(s) hereby verifies all information provided in this document is true and correct.

Signature instructions: Please sign below in the space provided applicable to your status as an applicant. All persons with an ownership interest in the business to be licensed are applicants and must sign. If applicant is one of several persons with an ownership interest, look for the listing below for the type of entity in which applicant possesses an ownership interest and sign there.

<p>Sole Proprietor:</p> <hr/> <p>Signature</p> <hr/> <p>Legibly Print Name</p> <hr/> <p>Date</p>	<p>Partnership:</p> <hr/> <p>Signature – General Partner</p> <hr/> <p>Legibly Print Name</p> <hr/> <p>Date</p>	<hr/> <p>Signature – General Partner</p> <hr/> <p>Legibly Print Name</p> <hr/> <p>Date</p>
<p>Corporation:</p> <hr/> <p>Name of Corporation</p> <hr/> <p>Signature of President / VP <i>(circle which)</i> Date</p> <hr/> <p>Legibly Print Name</p> <hr/> <p>Signature of Secretary / Treasurer <i>(circle which)</i> Date</p> <hr/> <p>Legibly Print Name</p>		
<p>Limited Liability Company (LLC):</p> <hr/> <p>Name of Corporation</p> <hr/> <p>Signature – Member Date Signature – Member Date</p> <hr/> <p>Legibly Print Name Legibly Print Name</p> <hr/> <p>Signature – Member Date Signature – Member Date</p> <hr/> <p>Legibly Print Name Legibly Print Name</p>		