



DEPARTMENT OF NATURAL RESOURCES
COASTAL RESOURCES DIVISION
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COASTALGADNR.ORG

MARK WILLIAMS
COMMISSIONER

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DIRECTOR

SHELLFISH HARVESTER PERMIT APPLICATION

A completed permit application shall be submitted for each harvester. Harvesters will not be permitted without submission of a completed application.

Harvester Information:

Has the applicant been a permitted shellfish harvester with the CRD?: Yes No

If yes, Current Harvester ID number: _____

Title:		First Name:	
Middle Name:		Last Name:	
Suffix:		Date of Birth:	
Commercial Fishing License Customer Number:			
Phone Number:			
Email Address:			
Mailing Address:			
City:	State:	Zip Code:	

Harvest Areas Authorized (Filled out by Master Harvester):

Harvester is authorized for all harvest areas I hold **OR** only the leases listed below:

_____	_____
_____	_____
_____	_____
_____	_____

Master Harvester Signature: _____ Date: _____