



DEPARTMENT OF NATURAL RESOURCES  
COASTAL RESOURCES DIVISION  
ONE CONSERVATION WAY • BRUNSWICK, GA 31520 • 912.264.7218  
COASTALGADNR.ORG

MARK WILLIAMS  
COMMISSIONER

DOUG HAYMANS  
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.

**Personal 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:	

**Contact Information:**

Phone Number:		
Email Address:		
Mailing Address:		
City:	State:	Zip Code:

**Harvest Areas Authorized** (Harvest Area names or codes listed by Master Harvester):

_____	_____
_____	_____
_____	_____
_____	_____

Master Harvester Signature: \_\_\_\_\_ Date: \_\_\_\_\_