



MARK WILLIAMS
COMMISSIONER

DOUG HAYMANS
DIRECTOR

Shellfish Importation Application

This application shall be sent to the Department to approve an importation of molluscan shellfish from outside of the State of Georgia. Once a clean Certificate of Health is received by the Department, a Shellfish Importation Permit will be issued and emailed to both parties listed in this application.

***NO SHELLFISH WILL BE ALLOWED TO ENTER THE STATE WITHOUT A SHELLFISH IMPORTATION PERMIT ***

Please fill out this form in its entirety:

Shellfish Source:

(Hatchery, Nursery, etc.)

Contact Info (email preferred):

Receiving Party:

(Master Harvester, Hatchery, Nursery, etc.)

Contact Info (email preferred):

Species to be Imported: Eastern Oyster Hard Clam Other: _____

Type of Product: Seed Broodstock Gametes Other: _____

Genetics: Diploid Triploid

Size of Product:

Expected Shipping Date:

ALL SHELLFISH IMPORTED FROM OUTSIDE THE STATE OF GEORGIA REQUIRE AN INSPECTION BY THE DEPARTMENT. PLEASE CONTACT THE DEPARTMENT TO SCHEDULE AN INSPECTION AT LEAST 3 WORKING DAYS BEFORE IMPORTATION.

Signature of Receiving Party: _____ Date: _____