

**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 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 for 5 YEARS

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

1. Name of Business _____

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

(* Physical location of fish/animals) _____

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

3. Telephone Number _____ Fax _____

4. Email Address _____

5. Printed Name of Owner/Applicant

6. Mailing Address of Owner/ Applicant (Street or Post Office)

7. Business 911 street address or business GPS coordinates - **REQUIRED**

Purpose of the facility (Commercial, Research, Other) _____

8. Do you own or lease the lands and waters used for artificial propagation? _____

If leased, please send a copy of lease with application

9. Attach a copy of the required Department of Environmental Protection written approval or permit for any dam, pond or other device erected to prevent the free migration of finfish. (Facilities erected prior to January 1, 1980 and in continuous use and repair need not attach such approvals)

*Please complete for each separate facility that aquatic species are propagated in. Add additional pages containing the same information required below, as necessary.

10. ARTIFICIAL PROPAGATION FACILITY NO. 1

Address of Propagation Facility No.1 _____

County of Facility No. 1 _____ Township of Facility No. 1 _____

GPS coordinates or business 911 of Facility No. 1 _____

Is Facility No. 1 a recirculating system 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 for Facility No. 1? _____

If **YES**, what features and precautions ensure no organisms escape from Facility No. 1?

If **YES**, list the total number of tanks INCLUDING total gallons for Facility No. 1:

If **YES** list the total square footage of the buildings comprising Facility No. 1:

If **YES (A Closed System)** list the **COMMON NAME(s)** (example: rainbow trout, steelhead, kamloops) **AND SCIENTIFIC NAME** (example: *Oncorhynchus mykiss*) of each species of fish or aquatic organism to be propagated and the total capacity to propagate that species of fish or aquatic organism – required by PA Fish and Boat Commission. **If the scientific name is not included (names are on the most current Species by Watershed list), your application will be denied.**

If **YES** set forth (Attach) the cultural methods that will be utilized to propagate each species of fish or aquatic organism _____

If **NO (An Open System)**, provide a description and name of each PA watershed, river, stream, lake, pond or underground water source for the water **SUPPLY AND DISCHARGE** of Facility No. 1.

If **NO**, list the total number of ponds/raceways including surface area and maximum depth for Facility No. 1:

List the **COMMON** (example: rainbow trout, steelhead, kamloops and **SCIENTIFIC** (example: *Oncorhynchus mykiss*) names of the species you intend to propagate in Facility No. 1 – required by PA Fish and Boat Commission. **If the scientific name is not included (names are on the most current Species by Watershed list), your application will be denied.**

If **NO**, set forth the total capacity for each species of fish or aquatic organism to be propagated at Facility No. 1:

***Provide an attached diagram of Facility No. 1**

*Please complete for each separate facility that aquatic species are propagated in. Add additional pages containing the same information required below, as necessary.

11. ARTIFICIAL PROPAGATION FACILITY NO. 2

Address of Propagation Facility No.2 _____

County of Facility No. 2 _____ Township of Facility No. 2 _____

GPS coordinates or business 911 of Facility No. 2 _____

Is Facility No. 2 a recirculating system 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 for Facility No. 2? _____

If **YES**, what features and precautions ensure no organisms escape from Facility No. 2?

If **YES**, list the total number of tanks INCLUDING total gallons for Facility No. 2:

If **YES** list the total square footage of the buildings comprising Facility No. 2:

If **YES**, list the **COMMON** (example: rainbow trout, steelhead, kamloops and **SCIENTIFIC** (example: *Oncorhynchus mykiss*) names of each species of fish or aquatic organism to be propagated and the total capacity to propagate that species of fish or aquatic organism – required by PA Fish and Boat Commission. **If the scientific name is not included (names are on the most current Species by Watershed list), your application will be denied.**

If **YES** set forth (Attach) the cultural methods that will be utilized to propagate each species of fish or aquatic organism _____

If **NO**, provide a description and name of each PA watershed, river, stream, lake, pond or underground water source for the water **SUPPLY AND DISCHARGE** of Facility No. 2:

If **NO**, list the total number of ponds/raceways including surface area and maximum depth for Facility No. 2:

List the **COMMON and SCIENTIFIC** names of the species you intend to propagate in Facility No. 2. Scientific names required by PA Fish and Boat Commission. **If the scientific name is not included (names are on the most current Species by Watershed list), your application will be denied.**

If **NO**, set forth the total capacity for each species of fish or aquatic organism to be propagated at Facility No. 2:

***Provide an attached diagram of Facility No. 2**

12. 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 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** – scientific names required by PA Fish and Boat Commission. **If the scientific name is not included (names are on the most current Species by Watershed list), your application will be denied.**

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) _____

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

Pounds/Year _____ Gross Annual Sales _____

14. 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 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.**

***NOTE: Pursuant to 58 Pa. Code § 71.3(a)(6) and §71.3(b) the Pennsylvania Fish and Boat commission has the authority to conduct an initial inspection as well as subsequent inspections to ensure compliance with the Commission's regulations regarding closed system propagation facilities.**

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.

Sole Proprietor:	Partnership:	
_____ Signature	_____ Signature – General Partner	_____ Signature – General Partner
_____ Legibly Print Name	_____ Legibly Print Name	_____ Legibly Print Name
_____ Date	_____ Date	_____ Date

Corporation:

Corporation Name of

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