



Florida Department of Agriculture and Consumer Services
Division of Aquaculture

Aquaculture Certification Application

CHARLES H. BRONSON
COMMISSIONER

Section 597.004, F.S.

Remit fee of \$50.00 made payable to the Department of Agriculture and Consumer Services P.O. Box 6700, Tallahassee, FL 32314-6700

Aquaculture Certification Number: _____

Applicant's Name: _____

Company/Organization Name: _____

Complete Mailing Address: _____

Physical Address of Facility: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Legal Property Description: Section: _____ Township: _____ Range: _____ County: _____
Applicable submerged land lease number(s)

Check one: I am the leaseholder: _____ landowner: _____

Description of Production Facilities:
(Include type(s) of production units, size, quantity and anticipated production)

Aquaculture Products Being Produced:

In signing this document, I attest that the statements made herein regarding my business, legal property, production facilities and products are accurate and truthful. This application serves as notice of intent to comply with applicable Best Management Practices or interim permitting measures. My \$50 annual certification fee is enclosed.

SIGNATURE _____

DATE _____

Return the white copy with payment. Keep the yellow copy for your records.

Do not write below this line
If you have further questions or need information, please contact the Aquaculture Certification Program at 850/488-4033

Org. Code: 42150201000
Expansion Option Identifier: A2
Object Code: 001231
Fee amount: \$50.00

rec'd: / /
cert: / /
card: / /