

State of Louisiana
Louisiana Department of Health

Application for Permit to Relay Shellfish

Applicant's Name _____ Date _____

Address _____ Phone _____
(Street, P.O. Box,) (City, State, Zip)

Information on Closed Area Leases

Lease Numbers	Location of Leases	Name and Address of Lease Owners

Information on Approved Area Leases

Lease Numbers	Location of Leases	Name and Address of Lease Owners

If any leases do not belong to applicant, written permission must be obtained from owners and attached to application.

Name, Registration No., or Document No. of Boat(s) to be Used During Relay:

a) _____

b) _____

Applicant's Signature

Date

Name and Commission No. of Surveillance Officer