

**SHELLFISH PLAT APPLICATION  
FOR STATE-OWNED ESTUARY LANDS**

1. Estuary/Bay (Name): \_\_\_\_\_ 2. Date \_\_\_\_\_

3. Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

**If submitted on behalf of an organization, complete the following:**

Name of organization: \_\_\_\_\_

Type of organization: \_\_\_\_\_  
(Partnership, Corporation, Cooperative)

Applicant's position with organization: \_\_\_\_\_  
(President, Partner, etc.)

Applicant's address: \_\_\_\_\_  
(Street or Box No.) (City) (State) (Zip)

4. Legal description of area applied for: (attach additional pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

5. Acreage of area applied for: \_\_\_\_\_ acres.

6. Type of cultivation (rack, bottom, stake, etc.) \_\_\_\_\_

7. Shellfish species proposed to be cultivated (oysters, clams or mussels) \_\_\_\_\_

8. Have you previously engaged in the cultivation of shellfish in this same area?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If answer is "Yes", give detailed circumstances and times.)

9. Have you previously held shellfish plats in other areas of this state? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If answer is "Yes", attach detailed circumstances, locations and times.)

10. Other information applicant believes relevant: \_\_\_\_\_  
\_\_\_\_\_

I herewith request the above described shellfish plat be granted to me under the provisions of Oregon Law

\_\_\_\_\_  
(Signature)

Telephone No. \_\_\_\_\_

**Mail to:** Oregon Department of Agriculture  
Natural Resources Division  
635 Capitol Street NE  
Salem, Oregon 97301-2532  
PH (503) 986-4700  
FAX (503) 986-4730

(Please attach \$250 application fee, map, and Affidavit of Public Notice from your newspaper.)