



# 2017 ADEC Seafood Processors Permit Application Instructions



Alaska Department of Environmental Conservation  
Division of Environmental Health  
Food Safety and Sanitation Program



Photo courtesy of Alaska Department of Environmental Conservation

## **MAIL COMPLETED APPLICATIONS, PLANS, DRAWINGS, AND FEES TO:**

DEC-FSS, Seafood Permits  
555 Cordova Street, 5<sup>th</sup> Floor  
Anchorage, AK 99501

*Credit card payments may be made to (907) 269-4552 or 269-7501*

**NOTE:** *Credit card payments cannot be processed until application is received.*

## **CONTACTS:**

### **FOR SEAFOOD:**

Joy McLaurin  
Ph: (907) 269-7628  
Fax: (907) 269-7510

[seafoodprocessing@alaska.gov](mailto:seafoodprocessing@alaska.gov)

### **FOR SEAFOOD:**

Cassandra Holvoet  
Ph: (907) 269-4552  
Fax: (907) 269-7510

[seafoodprocessing@alaska.gov](mailto:seafoodprocessing@alaska.gov)

Forms available online at: [http://www.dec.alaska.gov/eh/fss/forms/forms\\_home.html](http://www.dec.alaska.gov/eh/fss/forms/forms_home.html)

***It may take up to 60 days to process an ADEC permit application.***

# APPLICATION INSTRUCTIONS

## WHICH PAGES DO I FILL OUT?

- ❖ **NEW APPLICANTS**
  - Complete Seafood Processors application pages 1-2, Seafood Processors Business Form A and Seafood Plan Review checklist.
- ❖ **PERMIT RENEWAL APPLICANTS –**
  - Complete Seafood Processors application pages 1-2.
  - You are not required to submit new plans unless you have made significant changes including changes in ownership.
  - You are not required to submit Seafood Processors Business Form A unless you are a new operator, there has been an information change or other extensive changes such as changes in ownership.

## Seafood Processor Application, Page 1

### BUSINESS INFORMATION

Fill in the **Business Information** section with accurate and correct information.

Owner/Business Information	Name of Entity or Owner			DEC Issued AK Permit #		
	Business/Corporate Mailing Address		City	State	Zip	
	Business/Corporate Phone		Email	Fax		
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party			Is the Business an Importer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Employees in Corporation:
	<b>Type of Entity:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Other (specify): <b>Corporate Gross Annual Food Sales:</b> <input type="checkbox"/> ≤ 249,999 <input type="checkbox"/> 250,000-499,999 <input type="checkbox"/> 1,000,000-2,499,999 <input type="checkbox"/> ≥ 2,500,000 <input type="checkbox"/> Unknown					

**Name of Entity or Owner:** Include the name of the individual or corporation responsible for the vessel or shore-based facility.

**Type of Entity:** If you are not sure of the type of business you operate, contact the [Division of Corporations, Business & Professional Licensing](#)

**AK Fisheries Business License #:** Contact [ADF&G](#) if you do not know your AK Fisheries Business License number.

### LAND-BASED FACILITY INFORMATION

Please fill out the “Land Based” information as accurate as possible. If your processing facility is a vessel you may disregard this section and move on to the “Vessel Information” section.

Land Based Facility Information	Name of Facility			Physical Location (required)			Number of Employees at Facility	
	Mailing Address			City			State	Zip
	City	State	Zip	Seasonal Phone Number			Radio/Cell Number	
	Contact Person			Plant Manager (PM) or Quality Control (QA) Contact			PM/QA Email	

**Physical location:** Provide the physical location of the plant. If there is no street address, you may provide a location description such as, “Mile 1, Naknek Road.”

**Number of Employees at Facility:** The “Number of Employees” should reflect the peak number of total employees at that location.

## VESSEL INFORMATION

Please complete the "Vessel Information" section as accurately as possible.

<b>Vessel Information</b>	Name of Vessel		Previous Name of Vessel (if applicable)		Number of Employees on Vessel	
	Owner Name		Vessel Manager or Quality Control Contact		Manager or QA Email	
	Alaska Port(s)/Mooring Locations				Fax	
	Vessel Seasonal Mailing Address <input type="checkbox"/> Same as above		Seasonal Phone Number		Radio/Cell Number	
	City	State	Zip	Vessel Contact email address		

**Name of Vessel and address:** Indicate the registered name of the vessel, and the mailing address where the vessel manager receives mail during the harvest season.

## ACTIVITIES

<b>A. Fishery Resource Utilized. Check all that apply</b>						
<input type="checkbox"/> Black Cod/Sablefish	<input type="checkbox"/> Halibut	<input type="checkbox"/> Pacific Cod	<input type="checkbox"/> Roe	<input type="checkbox"/> Scallops	<input type="checkbox"/> Crab	<input type="checkbox"/> Herring
<input type="checkbox"/> Pollock	<input type="checkbox"/> Salmon	<input type="checkbox"/> Sea Cucumbers	<input type="checkbox"/> Shrimp	<input type="checkbox"/> Sole	<input type="checkbox"/> Other Fishery Resource (specify): _____	
<b>B. Processes. Check all that apply</b>						
<input type="checkbox"/> Cooking (Water/Steam)	<input type="checkbox"/> Ice Manufacturing	<input type="checkbox"/> Roe - Salted	<input type="checkbox"/> Smoking	<b>Check how product(s) will be held:</b>		
<input type="checkbox"/> Drying	<input type="checkbox"/> Mixing/Formulating	<input type="checkbox"/> Salting/Brining (Wet/Dry)	<input type="checkbox"/> Hot	<input type="checkbox"/> Frozen		
<input type="checkbox"/> Freezing	<input type="checkbox"/> Pickling/Acidify	<input type="checkbox"/> Breeding/Battering	<input type="checkbox"/> Cold	<input type="checkbox"/> Refrigerated		
<input type="checkbox"/> Fish Oil	<input type="checkbox"/> Roe Recovery/Green	<input type="checkbox"/> Surimi	<input type="checkbox"/> Thermal	<input type="checkbox"/> Shelf stable		
<input type="checkbox"/> Heading/Butchering			<input type="checkbox"/> Other: _____			
<b>C. Packaging Material. Check all that apply</b>						
<input type="checkbox"/> Box with liner	<input type="checkbox"/> Glass Container		<input type="checkbox"/> Retort Pouch			
<input type="checkbox"/> Bulk/Tote	<input type="checkbox"/> Hard Plastic Container/Tray		<input type="checkbox"/> Vacuum Bag/Sleeve			
<input type="checkbox"/> Can	<input type="checkbox"/> Poly or Fiber Bag		<input type="checkbox"/> Other Material (specify): _____			
<b>D. Harvest Months. Check all months processing seafood</b>						
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December	

**Fisheries Resource:** Check each seafood species that you will process this season.

**Process:** Check each process you expect at your facility this season.

**Packaging Material:** Specify the packaging materials that you will be using in your process. If you are using a packaging material not listed, list it in the "Other Material (Specify)" area.

**Harvest Months:** Check all months you will be processing seafood.

## **Seafood Processor's Application, Page 2**

## DISTRIBUTION INFORMATION

Explain how you transport your product to buyers or secondary processors (e.g., air, barge, truck, or a combination). Give an estimate of the following:

<b>E. Distribution and Transportation</b> <i>Retail - directly to consumers; Wholesale - distributor, grocery store, restaurant, secondary processor; Intrastate - Within Alaska; Interstate - Stateside; Export - Outside US</i>
Show the percentage of products sold: Retail _____ % + Wholesale _____ % = 100% Intrastate _____ % + Interstate _____ % = 100% Export _____ %
Describe the method of transport from your facility/vessel to intended market:

**Retail and Wholesale**

For all of the products that the plant/vessel produces, indicate the percentage that is sold retail (e.g., directly to consumers) and the percentage that is sold wholesale (e.g., to a distributor, grocery store, restaurant, secondary processor). The percentages of retail and wholesale must equal 100 percent.

**Intrastate, Interstate, and Export**

For all of the products that the plant/vessel produces, indicate the percentage that is sold intrastate (within state of Alaska), the percentage sold interstate (outside of Alaska domestically- to lower 48 states and Hawaii), and the total product that the plant/vessel produces that is exported to another country. The total percentages of the Intrastate and Interstate must equal 100 percent. What percentage of products will be exported?

**HARVEST AREAS**

Check each box next to the area(s) where you intend to harvest seafood.

<b>HARVEST AREAS (Check all that apply)</b>	
<input type="checkbox"/>	A. Juneau, Hoonah, Elfin Cove, Yakutat, Angoon, Tenakee
<input type="checkbox"/>	B. Ketchikan, Craig
<input type="checkbox"/>	C. Petersburg, Wrangell
<input type="checkbox"/>	D. Sitka, Pelican
<input type="checkbox"/>	E. Prince William Sound
<input type="checkbox"/>	F. EEZ _____
<input type="checkbox"/>	H. Cook Inlet
<input type="checkbox"/>	K. Kodiak
<input type="checkbox"/>	L. Chignik
<input type="checkbox"/>	M. Alaska Peninsula
<input type="checkbox"/>	O. Dutch Harbor
<input type="checkbox"/>	Q. Bering Sea
<input type="checkbox"/>	R. Adak, Western Aleutians
<input type="checkbox"/>	T. Bristol Bay
<input type="checkbox"/>	W. Kuskokwim
<input type="checkbox"/>	X. Kotzebue
<input type="checkbox"/>	Y. Yukon
<input type="checkbox"/>	Z. Norton Sound

**TYPES OF FISHERIES / FEES**

Check the box and submit the proper fee. If you are not sure of your permit type, contact ADEC. Applications will not be processed until payment is received (Check, Money Order or Credit Card payment).

**SIGNATURE**

**IMPORTANT:** ADEC cannot process your application without a signature and date.

<b>SIGNATURE</b>		
By signing this application, I agree to abide by the applicable provisions of Alaska Admin. Code 18 AAC 34. I declare under penalty of unsworn falsification that this application (including any accompanying statements) has been examined by me, and to the best of my knowledge and belief is true, correct and complete.		
Printed name of applicant (owner or officer)	Signature of applicant (Print off and sign)	Date