



**Pursuant to Section 236, Title 14, California Code of Regulations**

- Standard Importation Permit** (Fee: \$53.75)       **Long-Term Permit** (Fee: \$64.50)

**Applicant Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** CA **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Check all that apply**

- Stocking Permit**     **Live Bait License**     **Aquaculture Registration**     **Live Market Sales**

**Permit Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Transporter Business Name:** \_\_\_\_\_  **Fed Ex**    **UPS**    **Air** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Supplier Business Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Source Facility Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**All suppliers are required to provide the Department with two consecutive health certifications.**

**Recipient:** \_\_\_\_\_

**Shipment Information:** \_\_\_\_\_ **Shipment Date:** \_\_\_\_\_

**Destination Address:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Destination City:** \_\_\_\_\_ **Route:** \_\_\_\_\_

**Species Information** (continue on back of application if more lines needed):

<b>Species</b> (be specific)	<b>Count</b>	<b>Weight</b>	<b>Size Code</b> (use box below)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- A.** Eggs (unfertilized)    **B.** Eggs (fertilized)    **C.** Fingerlings (16 or more per pound)    **D.** Broodstock  
**E.** Sub catchable (6 to 16 fish per pound)    **F.** Catchable (>0.5 pounds each)    **G.** Trophy (>2 pounds each)  
**H.** Shellfish Larvae    **I.** Shellfish Seed    **J.** Shellfish adult/broodstock