Aquaculture facility, Fee Fishing Facility, Processing Plant and Brokers

Utah Code R58-17 requires the following to renew a COR: a completed Annual Report, submission of receipts, and payment of licensing fee.

Complete and sign the Annual Aquaculture Report (the forms should be xeroxed as necessary);

- 1. Pay annual fee by one of these methods:
 - a. Make out a check;
 - b. Pay by credit card through the Utah Department of Agriculture & Food (UDAF) website http//ag.utah.gov. Go to Licensing and Online; License Renewal;
 - c. Pay in person at the SLC office.
- 2. Gather copies of yellow receipt forms for in-state sales (Receipt books may be obtained from UDAF); or email copy of electronic receipt book (Excel spreadsheet provided by UDAF) to <u>annaforest@utah.gov</u>
- 3. Send the Annual Report, annual fee, and receipt forms to the Fish Health Program at UDAF. Complete applications are due at UDAF before December 31; otherwise a late fee of \$25 may be assessed. If the application is not received by December 31, the COR will no longer be valid;
- 4. For live sales made between the submittal of the annual report and January 1, please submit an addendum report consisting of completed forms A and/or B. The addendum report is due at UDAF by January 31.

If deficiencies exist with the application, UDAF will contact you. When deficiencies are remedied, the COR is normally issued usually within 10 working days. If a COR is not issued, your application fee minus \$5.00 will be refunded with an explanation. After the COR is issued, you may then purchase fish from an approved source. Contact the Fish Health Program office for approved sources. Applicants may continue operations during the renewal process.

UTAH DEPARTMENT OF AGRICULTU: FISH HEALTH PROGRAM 350 North Redwood Road Box 146500 Salt Lake City UT 84114-6500 www.ag.utah.gov	RE & FOOD	(801) 538-7046 FAX (801) 538-7169
Indicate here if this is an addendum report for	activities between annual report and end of year:	YesNo
Calendar Year:	Certificate of Registration Number:	
Owner's Name:	Email:	
Installation Name:		
Address:		
Location of installation (if other than above):		
Species at the facility:		
Species approved:		

REPORT TRANSFERS OF FISH INTO THE AQUACULTURE, FEE FISHING FACILITY OR PROCESSING PLANT

If fish were *not purchased or transferred* into your facility during the previous 12 months, please mark here

Date fish acquired	Name and address of fish source	Source Fish Health Approval number	Entry Permit number	Number, size, and species	Weight

If fish were *not sold or transferred* from your facility during the previous 12 months, please mark here,

Date sold or transferred	Name and address of buyer or recipient	Recipient's COR #	Number, size, weight, species	Live $()$	Dead $()$

FEE FISHING FACILITIES:

Please attach a blank receipt form used for each sale *or* indicate here why receipts are not used

Enter the number of receipts issued to fishermen from Jan 1 of this year to the present date

Has this facility been remodeled or changed since last C	OR? Yes 🗆	No 🗆 If "ye	es" please enclo	se a site drawing.
Are suitable screens present to prevent fish loss/entry?	Inlet Yes 🗆	No 🗆 C	OutletYes 🗆	No 🗆

PROCESSING PLANTS and AQUACULTURE FACILITIES:

Complete the following:

Waste product(s) and /or mortality disposal method: (carcasses, viscera, and wastewater)

Incinerated \square

Composted

Buried with quicklime (11b/sq yd) Other (specify)

Disposal Dates _____

Disposal Locations

I the undersigned verify that this report is complete and accurate to the best of my knowledge. I understand that any false statement may result in the denial of this application. I accept all liability resulting from any activity associated with this license. I agree to all terms and notices pertaining to this application.

Signature _____

Date

UTAH DEPARTMENT OF AGRICU FISH HEALTH PROGRAM 350 North Redwood Road Box 146500 Salt Lake City UT 84114-6500 www.ag.utah.gov	LTURE & FOOD	(801) 538-7046 FAX (801) 538-7169
Calendar Year:	Certificate of Registration Number:	
Owner's Name:	Email:	
Installation Name:		
Address:		
BROKERING REPORT		
If fish were not brokered during the prev	vious 12 months, please mark here, \Box (sign report)	

If fish were not brokered during the previous 12 months, please mark here, \Box (sign report)							
Source Name	Address	COR	Fish Health	Species	Number	Live or	
			Approval		or	Dead	
			Number		Pounds		
Destination Name	Address	COR	UTMs or Latitude and Longitude				

Source Name	Address	COR	Fish Health	Species	Number	Live or
			Approval		or	Dead
			Number		Pounds	
Destination Name	Address	COR	UTMs or Latitude and Longitude			

Source Name	Address	COR	Fish Health	Species	Number	Live or
			Approval		or	Dead
			Number		Pounds	
Destination Name	Address	COR	UTM	Is or Latitude	and Longit	ude

I the undersigned verify that this report is complete and accurate to the best of my knowledge. I understand that any false statement may result in the denial of this application. I accept all liability resulting from any activity associated with this license. I agree to all terms and notices pertaining to this application.

Signature _____

Date _____