

COR Application Renewal Instructions

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 annaforest@utah.gov
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 AGRICULTURE & FOOD
FISH HEALTH PROGRAM
350 North Redwood Road
Box 146500
Salt Lake City UT 84114-6500
www.ag.utah.gov

(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 previous 12 months, please mark here, (sign report)

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

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Destination Name	Address	COR	UTMs or Latitude and Longitude			

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 _____