## An annual report, Licensing fee, and submission of receipts are required to renew your COR by Utah Code (4-37-202, 4-37-204) and rule (R58-17-17)

## **ANNUAL REPORT FOR AQUACULTURE FACILITIES**

You may use this form to document sales and acquisitions or the Excel sheet available under the 'Forms' tab at https://ag.utah.gov/farmers/animal-industry/aquaculture-fish-health/
Copies of sales receipts are required as part of the annual report: R58-17-17(E)(2)
Please send the yellow copy of your sales receipts to UDAF as part of your annual report

JTAH DEPARTMENT OF AGRICULTURE & FOOD FISH HEALTH PROGRAM					www.ag.utah.gov			
350 North Redwood Road Box 146500			vm	atheson	Mutah day			
Salt Lake City UT 84114-6500	xmatheson@utah.g Mobile (801) 870-93							
Certificate of Registration Number: 5001								
Owner's Name:	Installation Name:							
Species at the facility:								
FACILITY INFORMATION								
Was the facility sold or purchased in the last year?		Yes		No				
Has the facility been remodeled or changed in the last If "yes" please enclose a site drawing and a descrip				No				
Are suitable screens present to prevent fish loss/entry?		Yes		No				
	Outlet	Yes		No				
If screens are not in place, please explain why screens	are absent							
Did you stock / transfer fish into the facility in 2023? $\Box$	YES □ No							

## IF YES, REPORT TRANSFERS OF FISH INTO THE AQUACULTURE FACILITY IN 2023

NOTE: You may document sales, acquisitions and transfers using the Excel sheet available under the 'Forms' tab at <a href="https://ag.utah.gov/farmers/animal-industry/aquaculture-fish-health/">https://ag.utah.gov/farmers/animal-industry/aquaculture-fish-health/</a>

Date fish acquired	Name and address of fish source	Species Diploid or Triploid	Number	Weight	Entry Permit number

Did v	you stock or	transfer fish	FROM the	facility in	<b>2023</b> ? $\square$	YES	☐ IF No
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YES. REPORT TRANSFERS AND SALES OF FISH **FROM** THE FACILITY

	TRANSFERS AND SALES OF FISH <b>FRO</b>		TY		
Date sold	Name and address of buyer or	Recipient's	Species	Number	Weight
or	recipient	COR #	Diploid or Triploid		
transferred					
Complete the f Waste product ☐ Incinera	(s) and ∕or mortality disposal method: (cardated ☐ with quicklime (1lb/sq yd) ☐	casses, viscera, Composted Digested	and wastewater	)	
Disposal Dates	S				
Disposal Locat	ions				
false statemen	ed verify that this report is complete and acc t may result in the denial of this application e. I agree to all terms and notices pertaini	. I accept all liab	oility resulting from		
Signature			Date		

## **BROKERING ANNUAL REPORT**

Certificate of Registration	n Number: 5001					
Owner's Name:		Installation Name:				
Did you broker aquation			_	No		
IF YES, REPORT ALL E				0	Niala a n	Davisala
Source Name	Address	COR	Fish Health Approval Number	Species Diploid or Triploid	Number	Pounds
Destination Name	Address	COR	LITM	e or Latitude	e and Longit	nido.
Destination Name	Address	COR	OTIVI	S OF Latitude	and Longi	uue
Source Name	Address	COR	Fish Health Approval Number	Species Diploid or Triploid	Number	Pounds
Destination Name	Address	COR	UTM	s or Latitude	e and Longit	ude
Source Name	Address	COR	Fish Health Approval Number	Species Diploid or Triploid	Number	Pounds
Destination Name	Address	COR	UTMs or Latitude and Longitude			
Source Name	Address	COR	Fish Health Approval Number	Species Diploid or Triploid	Number	Pounds
Destination Name	Address	COR	UTM	s or Latitude	e and Longit	ude
Copies of sales receip Department	ts pursuant to R58-17-	17(D), shall b	e submitted as	part of the	annual rep	ort to the
I the undersigned verify false statement may res with this license. I agree	ult in the denial of this ap	plication. I ac	cept all liability re			
Signature				Date		