



Did you stock or transfer fish FROM the facility in 2024?  YES  No

YES, REPORT TRANSFERS AND SALES OF FISH **FROM** THE FACILITY

| Date sold<br>or<br>transferred | Name and address of buyer or<br>recipient | Recipient's<br>COR # | Species<br>Diploid or Triploid | Number | Weight |
|--------------------------------|---|----------------------|--------------------------------|--------|--------|
|                                |   |                      |                                |        |        |
|                                |   |                      |                                |        |        |
|                                |   |                      |                                |        |        |
|                                |   |                      |                                |        |        |
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|                                |   |                      |                                |        |        |
|                                |   |                      |                                |        |        |
|                                |   |                      |                                |        |        |

**DISPOSAL OF WASTE PRODUCTS AT AQUACULTURAL FACILITIES AND PROCESSING PLANTS:**

Complete the following:

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

- |  |  |
|--|--|
| <input type="checkbox"/> Incinerated                       | <input type="checkbox"/> Composted             |
| <input type="checkbox"/> Buried with quicklime (1lb/sq yd) | <input type="checkbox"/> Digested              |
| <input type="checkbox"/> Landfill                          | <input type="checkbox"/> 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 \_\_\_\_\_

**BROKERING ANNUAL REPORT**

Certificate of Registration Number: 5001 - \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Installation Name: \_\_\_\_\_

**Did you broker aquatic animals in 2024?**       **YES**       **No**

**IF YES, REPORT ALL BROKED SALES OF AQUATIC ANIMALS**

| Source Name      | Address | COR | Fish Health Approval Number    | Species<br>Diploid or<br>Triploid | Number | Pounds |
|------------------|---------|-----|--------------------------------|-----------------------------------|--------|--------|
|                  |         |     |                                |                                   |        |        |
| Destination Name | Address | COR | UTMs or Latitude and Longitude |                                   |        |        |
|                  |         |     |                                |                                   |        |        |

| Source Name      | Address | COR | Fish Health Approval Number    | Species<br>Diploid or<br>Triploid | Number | Pounds |
|------------------|---------|-----|--------------------------------|-----------------------------------|--------|--------|
|                  |         |     |                                |                                   |        |        |
| Destination Name | Address | COR | UTMs or Latitude and Longitude |                                   |        |        |
|                  |         |     |                                |                                   |        |        |

| Source Name      | Address | COR | Fish Health Approval Number    | Species<br>Diploid or<br>Triploid | Number | Pounds |
|------------------|---------|-----|--------------------------------|-----------------------------------|--------|--------|
|                  |         |     |                                |                                   |        |        |
| Destination Name | Address | COR | UTMs or Latitude and Longitude |                                   |        |        |
|                  |         |     |                                |                                   |        |        |

| Source Name      | Address | COR | Fish Health Approval Number    | Species<br>Diploid or<br>Triploid | Number | Pounds |
|------------------|---------|-----|--------------------------------|-----------------------------------|--------|--------|
|                  |         |     |                                |                                   |        |        |
| Destination Name | Address | COR | UTMs or Latitude and Longitude |                                   |        |        |
|                  |         |     |                                |                                   |        |        |

**Copies of sales receipts pursuant to R58-17-17(D), shall be submitted as part of the annual report to the Department**

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Signature \_\_\_\_\_

Date \_\_\_\_\_