



## License to Collect or Possess (LCP): Shellfish Gardening License Amendment Request Application

**This form is used only for LCP Shellfish Gardening license amendments, including: *Name, Address, Site Location, and Designated Agent Changes.***

This Amendment Request Application Form is not a license and does not grant nor convey any additional authority.

To request an amendment to your license, please complete **ONLY** the applicable section(s) below (please print clearly).

**1. Applicant Information (as listed on your current LCP):**

LAST NAME	FIRST NAME	M.I.	LCP PERMIT #
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**2. If your name has changed, please enter your new/current name:**

LAST NAME	FIRST NAME	MI
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**3. If your contact information has changed, please provide your updated phone number or email address:**

EMAIL	HOME TELEPHONE	WORK TELEPHONE	CELL TELEPHONE
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**4. If your mailing address has changed, please enter your mailing address for all future correspondence:**

MAILING ADDRESS (STREET ADDRESS)			
CITY / TOWN	STATE	ZIP CODE	COUNTY

**5. If you're requesting a new site location for where shellfish will be kept, provide all information below AND include a copy of a map that indicates your site location, please refer to the NYSDEC Shellfish Mapper (see link) to ensure your location is in a certified shellfish harvesting area: [bit.ly/shellfishlands](http://bit.ly/shellfishlands)**

SITE LOCATION	STREET ADDRESS	COORDINATES
<input type="checkbox"/> Dock		
<input type="checkbox"/> Bulkhead		
<input type="checkbox"/> Underwater Lands*		

**\*If using underwater lands, provide proof of ownership of the underwater lands.**

**6. I request to add the following individuals as designated agents to my license:**

(If you're requesting to add more individuals, please include their information on an additional page.)

NAME	ADDRESS	AGE	TELEPHONE
1.			
2.			
3.			
4.			
5.			

**7. Other request for amendment or additional information.** Please be specific:

I understand that I shall be liable and responsible for any activities conducted by designated agents pursuant to my license(s) and any actions by designated agents resulting from activities authorized by my license(s).

**NOTICE: Pursuant to ECL Section 3-0301(2)(q) False statements made on this application are punishable pursuant to Section 210.45 of the New York State Penal Code:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Amendment request applications** are subject to the license application review and processing requirements of 6 NYCRR Part 175 – Special Licenses and Permits Definitions and Uniform Procedures

Amendment request applications may only be used for current and valid licenses. If your license has expired, you will need to submit a new license application form following the license procedures outlined on the Department's web page: <http://www.dec.ny.gov/permits/359.html>

**MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:**  
NYS Department of Environmental Conservation  
Division of Marine Resources – Marine Permit Office  
205 N. Belle Mead Road, Suite 1  
East Setauket, New York, 11730

**For questions, please contact us**  
Phone: (631) 444-0470  
Fax: (631) 444-0497  
Email: [MPO@dec.ny.gov](mailto:MPO@dec.ny.gov)  
Website: [www.dec.ny.gov/outdoor/114049](http://www.dec.ny.gov/outdoor/114049)

**For questions or concerns, please contact us at: (631) 444-0470 · Fax: (631) 444-0497 · Email: [MPO@dec.ny.gov](mailto:MPO@dec.ny.gov)**