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 #

2. If your name has changed, please enter your new/current name:

   LAST NAME ________________________________ FIRST NAME ____________________________ MI

3. If your contact information has changed, please provide your updated phone number or email address:

   EMAIL ____________________________________________ HOME TELEPHONE ____________________________ WORK TELEPHONE ____________________________ CELL TELEPHONE ____________________________

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, please 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

   SITE LOCATION  STREET ADDRESS  COORDINATES
   □ Dock
   □ Bulkhead
   □ Underwater Lands*  

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

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

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

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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

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Fax: (631) 444-0497
Email: MPO@dec.ny.gov
Website: www.dec.ny.gov/permits/359.html

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