



Maryland Department of Natural Resources

☐ Oyster Harvester Surcharge

Initials: _____ I hereby certify under penalty of perjury that I have received from the Department of Natural Resources **Wild Shellfish Harvest Tags**, which must be affixed to each bushel of oysters in accordance with COMAR 08.02.04.04.

☐ Clam Harvester Declaration

During the 2024-2025 license year, **I intend to harvest clams** (initial all that apply):

Initials: _____ *Mya arenaria* (Soft-shell clam)

Initials: _____ *Tagelus plebeius* (Razor clam)

Initials: _____ *Mercenaria mercenaria* (Hard-shell clam)

I hereby **acknowledge my responsibility** as a licensed shellfish harvester **to know and comply with all laws** governing shellfish including harvesting, reporting requirements, and restrictions related to shellfish harvesting gear.

I hereby certify under penalty of perjury that I have received from the Department of Natural Resources **maps and coordinates** of oyster sanctuaries, closed oyster harvest reserve areas, areas closed to shellfish harvest by the Department of the Environment, and National Shellfish Sanitation Program-required shellfish harvest, handling, and transportation training. I also certify that I have been provided access to commercial shellfish aquaculture lease maps and coordinates in order to know the location of leases prior to harvest. I understand the classification of some harvest areas may change after this book is published and to contact the Department of the Environment (see page 5 of closure book) for the most recent water quality classifications.

I certify under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Printed Name

DNR ID

Signature

Date

License # _____

- ☐ This is a license transferee (transferee must sign affidavit)
- ☐ This is an authorized user (must sign an affidavit)

Email (By providing my email address, I hereby certify I have received a copy of the 2024-2025 Shellfish Areas Closure Book electronically): _____

State of _____ County of _____ Signed and sworn to (or affirmed) before me
on this _____ day of _____, 20____ Title of office _____

Signature of notarial officer _____ My Commission Expires: _____

NOTARY
SEAL