



State of Rhode Island
Coastal Resources Management Council
Oliver H. Stedman Government Center
4808 Tower Hill Road, Suite 3
Wakefield, RI 02879-1900

(401) 783-3370
Fax (401) 783-2069

CRMC RECREATIONAL AQUACULTURE APPLICATION

Applicant's Name: _____

Mailing Address: _____

State: _____ Zip: _____

Telephone Nos.: Home: _____ Cell: _____

Fax: _____ Email: _____

DOCK LOCATION

Water Body Name: _____

City/Town: _____

Dock Assent No.: _____

NOTE: The applicant acknowledges by evidence of their signature that they have reviewed the Rhode Island Coastal Resources Management Program, and have, where possible, adhered to the policies and standards of the program. The applicant also acknowledges by evidence of their signature that to the best of their knowledge, the information contained in the application is true and valid. The filing of false information can result in the Coastal Resources Management Council revoking the state assent.

Applicant's Signature: _____

RECREATIONAL AQUACULTURE APPLICATION CHECKLIST

1. Application Fee: \$50.00 first year, \$25.00 subsequent years
2. Photos of the project site and adjacent area (minimum size 3" x 5", maximum size 8" x 10")
3. Two (2) copies of the completed application form.
4. Location map – two (2) copies: Use a NOAA nautical chart to accurately delineate the site location. The location map must include a map scale, a north arrow (indicate magnetic or true north) and an accurate latitude-longitude coordinate for the site. The location map must be 8.5" x 11".
5. Two (2) copies of CRMC Dock Assent.
6. Two (2) copies of **one of the following** aquaculture education certificates:
 - a. Roger Williams University Practical Shellfish Farming certificate
 - b. accredited university or college shellfish aquaculture course transcript
 - c. proof of completion of a shellfish aquaculture course.