

Geoduck Harvest Plan of Operation

Form must be filled out completely and legibly (must be reproducible by a copy machine). No plan of operations is approved until signed by both Authorized Contract Holder *and* DNR Representative. If you have questions, contact the DNR Geoduck Program staff at: (360) 902-1100.

HARVEST AREA NAME:

GEODUCK HARVEST AGREEMENT #:

QUOTA #:

PURCHASER/CONTRACT HOLDER:

ADDRESS:

TELEPHONE #:

PURCHASER UBI #:

WORKERS COMPENSATION COVERAGE ACCT #:

CHECK or CIRCLE ONE: INITIAL PLAN OF OPS ADDITION TO PLAN OF OPS

NAME OF PERSON AUTHORIZED TO REQUEST ADDITIONS OR ALTERATIONS TO EXISTING PLANS OF OPERATIONS IN LIEU OF CONTRACT HOLDER:

(NAME ONE PERSON ONLY)

HARVEST VESSELS

VESSEL INFORMATION:

Name:	Vessel Length:
Registration No.:	WDFW Geoduck Hrvst No.:
Owner/Operator:	Telephone No.:
Address:	Moorage Phone No.:
Vessel Moorage Location:	Relationship to Purchaser:
Company Name:	UBI Number:
Workers Compensation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Account Number:

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Registration No.:	WDFW Geoduck Hrvst No.:
Owner/Operator:	Telephone No.:
Address:	Moorage Phone No.:
Vessel Moorage Location:	Relationship to Purchaser:
Company Name:	UBI Number:
Workers Compensation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Account Number:

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Registration No.:	WDFW Geoduck Hrvst No.:
Owner/Operator:	Telephone No.:
Address:	Moorage Phone No.:
Vessel Moorage Location:	Relationship to Purchaser:
Company Name:	UBI Number:
Workers Compensation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Account Number:

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Name:	Vessel Length:
Registration No.:	WDFW Geoduck Hrvst No.:
Owner/Operator:	Telephone No.:
Address:	Moorage Phone No.:
Vessel Moorage Location:	Relationship to Purchaser:
Company Name:	UBI Number:
Workers Compensation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Account Number:

DIVERS**DIVER INFORMATION:**

Name:		
Address:		
Telephone:	Birthdate:	WDFW License #:

DIVER INFORMATION:

Name:		
Address:		
Telephone:	Birthdate:	WDFW License #:

DIVER INFORMATION:

Name:		
Address:		
Telephone:	Birthdate:	WDFW License #:

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Address:		
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Name:		
Address:		
Telephone:	Birthdate:	WDFW License #:

DIVER INFORMATION:

Name:		
Address:		
Telephone:	Birthdate:	WDFW License #:

TENDERS

TENDER INFORMATION:

Name:	
Address:	
Telephone:	Birthdate:

TENDER INFORMATION:

Name:	
Address:	
Telephone:	Birthdate:

TENDER INFORMATION:

Name:	
Address:	
Telephone:	Birthdate:

TENDER INFORMATION:

Name:	
Address:	
Telephone:	Birthdate:

TENDER INFORMATION:

Name:	
Address:	
Telephone:	Birthdate:

TENDER INFORMATION:

Name:	
Address:	
Telephone:	Birthdate:

OTHERS INVOLVED IN HARVESTING (Identify involvement)

OTHER INFORMATION:

Name:	
Address:	
Telephone:	Birthdate:

HARVEST INFORMATION

ESTIMATED HARVEST VOLUME PER WEEK:

BOND AMOUNT:

OFF-LOAD LOCATIONS (Pending Approval by DNR):

TRANSPORT VEHICLES

VEHICLE 1 MAKE / VEHICLE MODEL / YEAR:

OWNER OF VEHICLE:

VEHICLE 2 MAKE / VEHICLE MODEL / YEAR:

OWNER OF VEHICLE:

STEPS THE PURCHASER WILL TAKE TO ENSURE COMPLIANCE WITH HARVEST AGREEMENT:

PAST EXPERIENCE IN UNDERWATER SEAFOOD HARVESTING AND COMMERCIAL DIVE OPERATIONS:

COMMENTS:

NOTE: As of 2016 electronic signatures will be accepted on Plans of Operations sent via email.

SIGNATURE OF _____ DATED _____
(Type Name of Purchaser or Representative) (mm/dd/yyyy)

PLAN APPROVED BY _____ DATED _____
(DNR Representative) (mm/dd/yyyy)