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

# DIVERS

**DIVER INFORMATION:**

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

**DIVER INFORMATION:**

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

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| Address: | | |
| Telephone: | Birthdate: | WDFW License #: |

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**DIVER INFORMATION:**

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

COMMENTS:

(enter text below)

SIGNATURE OF       DATED

**(Purchaser or Representative)**

PLAN APPROVED BY DATED / /

**(DNR Representative)**