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:**

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

**DIVER INFORMATION:**

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

**DIVER INFORMATION:**

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

**DIVER INFORMATION:**

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

**DIVER INFORMATION:**

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

**DIVER INFORMATION:**

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

COMMENTS:

(enter text below)

SIGNATURE OF       DATED

**(Purchaser or Representative)**

PLAN APPROVED BY DATED / /

**(DNR Representative)**