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

# TENDERS

**TENDER INFORMATION:**

|  |  |
| --- | --- |
| Name: | |
| Address: | |
| Telephone: | Birthdate: |

**TENDER INFORMATION:**

|  |  |
| --- | --- |
| Name: | |
| Address: | |
| Telephone: | Birthdate: |

**TENDER INFORMATION:**

|  |  |
| --- | --- |
| Name: | |
| Address: | |
| Telephone: | Birthdate: |

SIGNATURE OF       DATED

**(Purchaser or Representative)**

PLAN APPROVED BY DATED / /

**(DNR Representative)**