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 [ ]

# 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 [ ]  No [ ]  | Account Number:       |

**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 [ ]  No [ ]  | Account Number:       |

**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 [ ]  No [ ]  | Account Number:       |

**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 [ ]  No [ ]  | Account Number:       |

COMMENTS:

(enter text below)

SIGNATURE OF       DATED

**(Purchaser or Representative)**

PLAN APPROVED BY DATED / /

**(DNR Representative)**