



**Arizona Department of Agriculture (AZDA)**

Central Licensing Section  
Physical Location: 1010 W Washington St., Phoenix, AZ 85007  
Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007  
Phone: (602) 542-3578 Fax: (602)542-0466  
W: <https://agriculture.az.gov> Email: [licensing@azda.gov](mailto:licensing@azda.gov)

**For ADA/ASD Use Only**

License # \_\_\_\_\_  
Check # \_\_\_\_\_  
Check Date \_\_\_\_\_  
Check Amount \_\_\_\_\_

**Aquatic Animal Transporter License Application Pursuant to (AAC 3-2-1002) Fee: \$100.00**

Application is hereby made for a license to transport live aquatic animals to persons who are licensed to resell, process or stock live aquatic animals in the State of Arizona.

**Applicant Information**

Application Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

**Business Information**

**Mailing Address**

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Company Contact: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Physical Plant Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Legal Description if rural location: \_\_\_\_\_

Tax ID No: \_\_\_\_\_

Are you engaged in: [ ] Interstate Transporting? [ ] Intrastate Transporting?

How many pounds of live aquatic animals will you be transporting on an annual basis? \_\_\_\_\_

List aquatic transporting equipment, both tanks and vehicles. Include vehicle license plate numbers. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(for additional space, use reverse side)

**Signature**

I DO HEREBY DECLARE THIS REPORT IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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**AQUACULTURE LICENSE APPLICATION GENERAL INFORMATION**

1. Application Date:  New  Renewal  Amended  
 Type of Business:  Individual  Partnership  Cooperative  
 Corporation  Association  Other

If Corporation: State where incorporated: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

2. Name applicant intends to do business under: \_\_\_\_\_

Owner or Agent's Name: \_\_\_\_\_

Social Security Number or TIN: \_\_\_\_\_ ( required for licensing )

Mailing Address: \_\_\_\_\_

city state zip

Physical Location: \_\_\_\_\_

city state zip

Telephone (business): \_\_\_\_\_ FAX \_\_\_\_\_

Other Names under which business will be conducted: \_\_\_\_\_

3. List all persons responsibly connected with the applicant, include all partners, officers, directors, holders or owners of 10% or more interest and employees in a managerial or executive capacity in the business. Notify office of any change in this listing:

Name and Title \_\_\_\_\_ Name and Title \_\_\_\_\_

Name and Title \_\_\_\_\_ Name and Title \_\_\_\_\_

4. Prior year gross sales \_\_\_\_\_

**AGREEMENT AND CERTIFICATION:** If license is granted, I/WE expressly agree to conform to the Arizona Revised Statutes, Title 3 and all rules promulgated by the Arizona Department of Agriculture thereunder. I/WE Certify that all statements made herein are true to the best of my/our knowledge. **WARNING:** Persons willfully making false, fictitious, or fraudulent statements or entries are subject to a fine of up to \$10,000.00 as prescribed by A.R.S. 13-2704.

Please Print Name Applicant Signature Date

**FOR OFFICE USE ONLY:** APPROVED BY \_\_\_\_\_  
 Signature Date