



**SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES  
MARINE RESOURCES DIVISION**

**Company Information for Mariculture/Culture Permits**

1. Company Name \_\_\_\_\_

2. Permit numbers to which this information applies  
(if no permit exists yet, leave blank) \_\_\_\_\_

3. Provide proof of existence from SC Secretary of State

4. Registered Agent \_\_\_\_\_

5. Address \_\_\_\_\_ 6. City \_\_\_\_\_ 7. State \_\_\_\_\_ 8. Zip Code \_\_\_\_\_

**9. Company Officers**

Please provide documentation (e.g. Schedule D of SC tax form for corporations) to verify officers of this company.

**10. Responsible Party**

Companies must provide contact information for one or more individuals who will take responsibility on behalf of the company. Without this information SCDNR will not grant a shellfish culture or mariculture permit. Please identify which of the people named above (registered agent or office of the corporation) will be listed as the responsible party for this permit. If the party to be named is not among those listed above, provide an official letter of authorization signed by one of above, sealed with the company seal, and notarized. SCDNR will send all correspondence to this person at this address.

**11. Name of Responsible Party** \_\_\_\_\_

12. Address \_\_\_\_\_ 13. City \_\_\_\_\_ 14. State \_\_\_\_\_ 15. Zip Code \_\_\_\_\_

**16. Additional authorized representatives**

Identify any additional people who may sign documents related to this permit. If none are designated, only the "responsible party" will be allowed to sign permit documents. **Correspondence will not be sent to the signatory. Correspondence will go to the responsible party listed in Part D of this form.**

17. Name \_\_\_\_\_

18. Relationship to Permit Holder (e.g. Manager, Partner) \_\_\_\_\_

19. This form must be signed by an authorized representative (the registered agent or an officer of the corporation), by the responsible party (if different) and by any named additional representatives.

Sworn to before me this \_\_\_\_\_ Day of  
\_\_\_\_\_, \_\_\_\_\_  
Notary Public of South Carolina  
My Commission Expires \_\_\_\_\_

**Authorized Representative**  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ Day of  
\_\_\_\_\_, \_\_\_\_\_  
Notary Public of South Carolina  
My Commission Expires \_\_\_\_\_

**Responsible Party**  
Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ Day of  
\_\_\_\_\_, \_\_\_\_\_  
Notary Public of South Carolina  
My Commission Expires \_\_\_\_\_

**Additional Representative**  
Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_