

**Form must be filled out completely and legibly. No Plan of Operations is approved without an Authorized Agreement Holder's signature AND DNR representative's confirmation. If you have questions, contact the DNR Geoduck Program staff at: [DNRREAQGEODUCK@dnr.wa.gov](mailto:DNRREAQGEODUCK@dnr.wa.gov)**

Harvest Area Name(s):

Harvest Agreement Number(s):

Purchaser/Agreement Holder:

Phone Contact Number(s):

Email Address:

Quota Number(s):

UBI Account:

Workers Comp. Coverage Account:

Alt. Email Address:

Person Authorized to request additions or alterations to existing plans of operations in lieu of Agreement Holder  
(Name one person only):

**Harvest Vessels:**

Harvest Vessel Name(s)	Registration Number	WDFW Vessel Number	Vessel Owner	Phone Contact(s)	Offload Location	Moorage Location (During Harvest Period)
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**Transport Vehicle:**

Make	Model	Year	Owner of Vehicle
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Estimated Harvest Volume Per Week (range in pounds):

**Divers:**

Last Name

First Name

Phone Contact

Email

WDFW

License #



**Tenders:**

Last Name

First Name

Phone Contact

Email



Steps Purchaser will take to ensure compliance with Harvest Agreement:

Past Experience in Underwater Seafood Harvesting and Commercial Diver Operations:

Comments:

NOTE: As of 2016 Electronic signatures are accepted on Plans of Operations sent electronically.

SIGNATURE:

(Type Name of Purchaser or Authorized Representative)

Dated (mm/dd/yyyy)

APPROVED BY:

(Authorized DNR Representative)

Dated (mm/dd/yyyy)

