



Application for Certification as an Oyster Shell Recycling Program

Louisiana Revised Statute 47:6043

Submit application to:

OysterShell.RecyclingCredit@la.gov

This application must be completed by any organization that seeks to become a qualifying oyster shell recycling program for purpose of the Restaurant Oyster Shell Recycling Tax Credit.

PLEASE PRINT OR TYPE

Organization Name			
Legal Name			
Mailing Address			
Unit Type		Unit Number	
City		State	Zip
Foreign Nation, if not United States (<i>Do not abbreviate.</i>)			
LDR Account Number, if applicable		Federal Employer Identification Number	

Physical Address in Louisiana			
Unit Type		Unit Number	
City		State	Zip

Contact Person's Name	
Email Address	Telephone

<p>Explain your planned method of calculating approximate weights of oyster shell material donated to the program.</p>
<p>Receipts will be issued on a: (<i>Select one.</i>)</p> <p><input type="checkbox"/> Monthly basis <input type="checkbox"/> Quarterly basis</p>
<p>Explain your planned method of numbering the receipts for verification purposes.</p>



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I hereby certify that _____ (Initial all that apply below.):

- _____ 1. intends to use 100% of donated oyster shell material to improving water quality, benefiting aquatic habitats, supporting local economies, and protecting the coastline of this state.
- _____ 2. will not use or otherwise facilitate the use of donated oyster shell material for commercial aquaculture or as aggregate in commercial use.
- _____ 3. will not receive or provide compensation for donated oyster shell material.

CERTIFICATION

Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Print Name	Title	
Email Address	Telephone	
Signature	Date (mm/dd/yyyy)	

FOR OFFICIAL USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date Application Received (mm/dd/yyyy)
Reason for Approval or Disapproval	
Signature of Department Representative	Date (mm/dd/yyyy)
Print Name of Department Representative	