



LICENSED RETAILER PROGRAM APPLICATION FORM

Name of Organization	
----------------------	--

Contact Name	
--------------	--

Title	
-------	--

Street Address 1			
Street Address 2			
City	State		
Zip Code	Country		
Type of Business	# of Outlets		

Telephone	Fax		
Email			
Website			

Do you authorize MAC to display this information on our website if your application is approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------------------------------------------------------------------------------------	----------------------------------------------------------

Who do you purchase certified organisms from?	

1. Do you pledge to properly segregate and label certified and non-certified organisms using separate holding and display tanks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have a system of traceability in place that can document the source of origin and chain of custody for certified organisms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you agree to abide by all required local, national, and international rules and regulations pertaining to the trade of marine aquarium organisms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you have appropriate animal husbandry practices in place that ensure for the proper welfare of marine aquarium organisms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you track mortality on a periodic basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you agree to periodically provide MAC with aggregate data on the trade of certified organisms so as to improve the overall certification system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you ensure that your operations are conducted in a financially sound and in the most sustainable manner possible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you agree to follow all terms and conditions outlined in the MAC Label Guide?	Yes <input type="checkbox"/> No <input type="checkbox"/>

NO FALSE STATEMENTS: I hereby declare that the above statements are true and that I have not suppressed or misstated any facts and I agree that this declaration shall form a part of my licensure. I understand that untrue statements could void my license.

Authorized Signature		Date	
----------------------	--	------	--

Mail, Fax, or Email Your Completed Application to:
Marine Aquarium Council c/o Licensed Retailer Program
P.O. Box 235878, Honolulu, HI 96823 USA
Tel: +1 (808) 550-8217 • Fax: +1 (888) 531-1694 • Email: retailers@aquariumcouncil.org