Florida Department of Agriculture and Consumer Services
Division of Aquaculture

WILTON SIMPSON
COMMISSIONER

INTERNAL AUDIT OF AN EXISTING SOVEREIGNTY SUBMERGED LAND LIVE ROCK AQUACULTURE LEASE

253.71, Florida Statute

LEASE AUDIT YEAR: 2023

LEASE NUMBER:_____

LESSEE NAME: _____

FDACS STAFF USE ONLY	
DATE OF AUDIT: January 3, 2024	**DUE DATE:** March 3, 2024
SECOND REQUEST DATE:	**DATE RECEIVED:**

CONTACT INFORMATION

Contact Full Name:		
Aquaculture Certificate No.: AQ -		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:		
Email Address:		

Important - If the Division of Aquaculture is unable to contact you it could result in your lease being cancelled. If the information above is different from your current lease agreement documents, please check the following box ☐ and your contact information will be updated.

LIVE ROCK ACTIVITY

1. Are you currently subleasing to another certified Aquaculturist?
   All sublease transactions must be approved and executed by the Florida Department of Agriculture and Consumer Services, Division of Aquaculture.

   ☐ Yes ☐ No If "Yes", to whom:

   Full Name of Person Subleased To:_____
   Mailing Address: _____
   Telephone Number with Area Code: _____
   Date Sublease Expires: _____

2. Have you authorized or agreed to allow another party to use all or a portion of your lease?

☐ Yes ☐ No If "Yes", to whom:

Full Name of Authorized Person:
Mailing Address:
Telephone Number with Area Code:

3. Have you submitted a current Authorized User Form (FDACS-15107) to FDACS? ☐ Yes ☐ No

4. Have you transferred the lease parcel to another party?
All lease transfers must be approved and executed by the Florida Department of Agriculture and Consumer Services, Division of Aquaculture.

☐ Yes ☐ No If "Yes", to whom:

Full Name of Person Transferred To:
Mailing Address:
Telephone Number with Area Code:
Date of Transfer:

If lease was transferred during the audit year, please complete the audit for the time period you were the leaseholder.

5. Please fill in the pounds of live rock that were planted during January 1st through December 31st of the specified audit year below. If no product was planted during the specified audit year, enter "0".

YEAR	ROCK TYPE	QUANTITY DEPOSITED (Pounds)
2023		

6. Please submit the following documentation with this audit. If the information is not applicable in your case, please explain the reason(s) why in the space provided below.

a) Copies of rock purchase receipts or bills of sale showing the date and quantity of rock.

b) A lithologic description/sample for any rock products deposited that are not described in previous descriptions/samples submitted to the State of Florida.

c) If natural rock materials were deposited, are those materials tagged? ☐ Yes ☐ No

d) How can you demonstrate that those rock materials are distinguishable from the native rock within the immediate and general vicinity?

7. What is the minimum clearance above the highest elevation of culture material at mean low water?

Feet:	Percent (%) of Water Column:

8. What percentage of the lease area is covered by culture material?_____%

9. Estimated volume/pounds currently on lease site _____

10. Please complete the section below by filling in the pounds of live rock harvested during January 1st through December 31st of the specified audit year. If no product was harvested during the specified audit year, enter "0".

YEAR	**ROCK TYPE**	**QUANTITY HARVESTED (Pounds)**
2023		

11. If your response to question 5 or 10 above was "0", please enter an explanation below.

You are required by your lease agreement to provide a complete audit response (the form must be completely filled out, signed and dated, with the required supporting documentation attached). Cancellation of the lease agreement may occur if no audit response is received, if the audit response received is incomplete, or if the lease is not effectively cultivated.

CERTIFICATION

I hereby certify:

i. that the information contained herein is true and correct;
ii. that I,_____, have personal knowledge of the requirements associated with the use of subject state-owned lands;
iii. that the provided address shall be used for conducting official business with subject state lands account;
iv. that no marine life harvested from wild stocks is being utilized in conjunction with aquaculture activities on this lease; and
v. that I am authorized to execute this Audit and to perform aquaculture activities as authorized by subject lease.

Lessee

Individual Lessee Signature: _____ Date: _____

Or

Representative On Behalf of Lessee

Representative of Lessee Signature: _____ Date:_____

Signing capacity: _____
(Please enter capacity in which signing the audit. If Lessee is a company or LLC, please enter corporate or partner title; If signing on behalf of an estate, or power of attorney, please indicate that authority).