

APPLICANT'S SIGNATURE

MAR1303C.indd
Rev. 05/22
FOR OFFICE USE ONLY
License #
Date Issued
Date Issued

APPLICATION FOR COMMERCIAL SHRIMP LICENSE

(RSA 211:49-e)

To take, possess, land, or transport northern shrimp for the purpose to sell.

This license is issued to an individual.

RESIDENT

NON-RESIDENT*

Commercial Shrimp (inc	_ \$100	0.00 🔲 \$500.00						
*Nonresidents are not	t eligible to obtain a comme	ercial shrimp	license unles	ss state of residence	e has a reciprocal lic	ense.		
Each Year Applicants <u>M</u> <u>Boat Re</u> ç	<u>IUST</u> : Complete an a g <u>istration</u> . TYPE OR					<u>icense</u> and		
Legal Name of Applicant:								
LAST NAME (plus suffix)	FIRST NAME		MI	MAIDEN NAME (i	f applicable)			
STREET ADDRESS			() HOME OR PERSONAL CELL PHONE NUMBER					
CITY	STATE		ZIP CODE		COUNTRY			
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):	EMAIL ADDRESS							
CITY	STATE		ZIP CODE		COUNTRY			
Date of Birth:	₹	Height:		Weight:	Eye:	Hair:		
ALL INFORMATION IS REQUIRED								
Vessel/Boat Information: Vessel Owner (if not same as above):			Gear Information: Type of Gear(s) used to harvest species sought					
LAST NAME (plus suffix) FIRST	NAME MI							
STREET ADDRESS OF OWNER								
CITY STATE	ZIP CODE COUNTR	ΥY						
VESSEL NAME	STATE REGISTRATION # OR COAS	ST GUARD #		gth:				
NATIONAL MARINE FISHERIES FEDERAL PERMIT #	PRINCIPAL PORT		Crew Size:		_ Gross Tons****: _			
HULL ID #	HULL CONSTRUCTION MATERIAL	L		city (in Tons)****: or Federal documented vessels	only.			
RESIDENT AFFIDAVIT: I hereby certify that I am a resident of the State I hereby certify that the above information is true						ence shall mean domicile.		
☐ NONRESIDENT AFFIDAVIT: I hereby certify that the above information is	true and correct. (Licensee su	bject to the pe	enalties for mak	ing unsworn false state	ements under RSA 641:	3).		
Sportsperson statement: I certify that my privi any state or province (RSA 214:18b) and furth dangerous weapon.								

APPLICANT'S NAME (PLEASE PRINT)

LICENSE EXPIRES DECEMBER 31, ______.