

MAR1303D.indd
REV. 05/22
FOR OFFICE USE ONLY
License #
Date Issued

LANDING LICENSE APPLICATION FOR LOBSTER AND CRAB

(RSA 211:49-d, Fis 1105.06, 1110.09)

License to transport in state waters and crabs taken outside the jurisdiction of the state via ship, vessel or similar craft.

This license is issued to an individual.

RESIDENT□ \$50.00

NON-RESIDENT
□ \$500.00

Each Year Applicants <u>MUST</u>: Complete an application, and provide a copy of their <u>Driver's License</u> and <u>Boat Registration</u>. TYPE OR PRINT CLEARLY - Must be completed in full.

Legal Name of Applicant:						
LAST NAME (plus suffix)	FIRST NAME	MI	MAIDEN NAME (if applies)			
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:MONTH/DAY/YEAR	н	eight:	Weight:	Eye:	Hair:	
	ALL INFOR	RMATION IS REQU	JIRED			
Vessel/Boat Information:	State of Registration		Color Marking of Buoys and on Boat:			
Vessel Owner (if not same as above):	()HOME OR PERSONAL CELL PHONE NUMBER		Indicate color markings on buoy illustration at right.			
LAST NAME (plus suffix) FIRST NAME	E MI		Spindle Colors:			
STREET ADDRESS OF OWNER			Barrel Colors:			
CITY STATE	ZIP CODE	COUNTRY	Vessel Length:	Voor P	uil+.	
VESSEL NAME	STATE REGISTRATION # OR COAST GUARD #		Net Tons****:			
NATIONAL MARINE FISHERIES FEDERAL PERMIT#	PRINCIPAL PORT		Crew Size:	Gross Tons****:		
HULL ID #	HULL CONSTRUCTION MATERIAL		Hold Capacity (in Tons)****: ****Complete for Federal documented vessels only.			
□ RESIDENT AFFIDAVIT: I hereby certify that I am a resident of the shall mean domicile. I hereby certify that RSA 641:3). □ NONRESIDENT AFFIDAVIT: I hereby certify that the above informated sportsperson statement: I certify that my pring any state or province (RSA 214:18b) and fur dangerous weapon.	the above information is true and continuous	orrect. (Licensee so	ubject to the penalties for making unswommercial marine fishing activ	r making unsworn f worn false statemer vities are not under su	alse statements undents under RSA 641:3).	
APPLICANT'S SIGNATURE			APPLICANT'S NAME (PLEASE P	PRINT)		

LICENSE EXPIRES DECEMBER 31, _____