



N.H. FISH & GAME DEPARTMENT
 11 Hazen Drive, Concord, NH 03301
 (603) 271-3421
FishNH.com

F&G 27/MAR1303F.indd
 FOR OFFICE USE ONLY
 License # _____
 Date Issued _____

APPLICATION FOR SALTWATER FISHING VESSELS

(RSA 214:9 XVI, Fis 1110.09)

To provide recreational saltwater fishing opportunities for persons taking finfish from coastal or estuarine waters.
 This license is issued to an individual.

FOR HIRE VESSEL:

CHARTER BOAT

(6 or fewer passengers)

\$51.00

PARTY BOAT

\$101.00

PLEASE TYPE OR PRINT CLEARLY - Must be completed in full. Please include a copy of boat registration.

Applicant's Information:

LAST NAME (plus suffix)	FIRST NAME	MI	MAIDEN NAME (if applicable)	D.O.B. / /
BUSINESS NAME			() HOME OR PERSONAL CELL PHONE NUMBER	
BUSINESS ADDRESS			() BUSINESS PHONE NUMBER	
CITY	STATE	ZIP CODE	COUNTRY	

Please check here if you would like your business name, location and phone number listed on the NH Fish and Game website.

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE	COUNTRY
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Vessel Information:

VESSEL NAME	STATE REGISTRATION # OR COAST GUARD #	PRINCIPAL PORT
Vessel Length: _____	Licensed capacity: _____	

Vessel Owner/Business Information:

(if not same as above): _____
 ()
 HOME OR CELL PHONE #

LAST NAME (plus suffix)	FIRST NAME	MI	MAIDEN NAME (if applicable)	D.O.B. / /
STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTRY	
EMAIL ADDRESS				

Voluntary Information:

MONTHS OF OPERATION	WEBSITE
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Vessel Operator:

If more than one operator, attach a list with each operators name, address, D.O.B and phone #.

LAST NAME (plus suffix)	FIRST NAME	MI	MAIDEN NAME	D.O.B. / /
STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTRY	
MAILING ADDRESS				
CITY	STATE	ZIP CODE	COUNTRY	
() HOME OR CELL PHONE #				

Sportsperson statement: I certify that my privileges to fish, guide, take or land lobsters, or engage in commercial marine fishing activities are not under suspension or revocation in any state or province (RSA 214:18b) and further certify that I am aware that any conviction of certain felonies in any state or province prohibits the possession of a firearm or other dangerous weapon.

APPLICANT'S SIGNATURE _____

APPLICANT'S NAME (PLEASE PRINT) _____

LICENSE EXPIRES DECEMBER 31, _____.

Please enclose a 4" x 9-1/2", self-addressed, stamped envelope.

WHITE - Business Office Copy

YELLOW - Region 3 Copy