



State of Rhode Island
Division of Fish and Wildlife / Marine Fisheries
 3 Fort Wetherill Road
 Jamestown, RI 02835
 (401)-423-1923

LOBSTER TRAP ALLOCATION TRANSFER APPLICATION

Please complete the entire application and return to the above address.

TRANSFEROR (current trap allocation holder)

PLEASE TYPE OR PRINT INFORMATION CLEARLY: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Last Name</td> <td style="border: none;">First Name</td> <td style="border: none;">Middle Initial</td> </tr> <tr> <td style="border: none;">Street</td> <td style="border: none;">City/Town</td> <td style="border: none;">State, Zip Code</td> </tr> <tr> <td style="border: none;">Mailing Address (If different than above)</td> <td style="border: none;">City/Town</td> <td style="border: none;">State, Zip Code</td> </tr> <tr> <td colspan="3" style="border: none;">E-Mail Address: _____</td> </tr> <tr> <td colspan="3" style="border: none;">Telephone #: (____) _____ - _____ Cell phone #: (____) _____ - _____</td> </tr> </table>	Last Name	First Name	Middle Initial	Street	City/Town	State, Zip Code	Mailing Address (If different than above)	City/Town	State, Zip Code	E-Mail Address: _____			Telephone #: (____) _____ - _____ Cell phone #: (____) _____ - _____			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;"><u>Vessel & Permit Information</u></td> </tr> <tr> <td style="padding: 2px;">Vessel Name: _____</td> </tr> <tr> <td style="padding: 2px;">Registration / DOC #: _____</td> </tr> <tr> <td style="padding: 2px;">NMFS Federal Lobster Permit #: _____</td> </tr> <tr> <td style="padding: 2px;">RI Lobster License #: _____</td> </tr> <tr> <td style="padding: 2px;">Lobster Management Area(s): _____</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><u>Trap Information</u></td> </tr> <tr> <td style="padding: 2px;">Current Trap Allocation: _____</td> </tr> <tr> <td style="padding: 2px;">Amount to be transferred: _____ (must transfer in blocks of 10 or entire allocation)</td> </tr> <tr> <td style="padding: 2px;">Remaining Trap Allocation: _____</td> </tr> </table>	<u>Vessel & Permit Information</u>	Vessel Name: _____	Registration / DOC #: _____	NMFS Federal Lobster Permit #: _____	RI Lobster License #: _____	Lobster Management Area(s): _____	<u>Trap Information</u>	Current Trap Allocation: _____	Amount to be transferred: _____ (must transfer in blocks of 10 or entire allocation)	Remaining Trap Allocation: _____
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I, _____ agree to transfer the allocation amount of _____ traps to _____, which will lower my total allocation of traps to: _____.

Transfers become effective upon approval of the RI Division of Fish and Wildlife for the following fishing year.

TRANSFEEE (trap allocation transfer recipient)

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I, _____ agree to accept the allocation transfer of _____ traps from _____, **minus the 10% conservation tax**, resulting in _____ traps transferred.

Transfers become effective upon approval of the RI Division of Fish and Wildlife for the following fishing year.

Signatures of Both the Transferor and Transferee must be notarized.

Signature of Transferor

Signature of Transferee

Sworn to and subscribed before me this
 _____ Day of _____, 20____

Sworn to and subscribed before me this
 _____ Day of _____, 20____

Notary: _____

Notary: _____