Transfer of Summer Flounder Exemption Certificate

Please check the appropriate box for this transaction and complete the appropriate section on the attached pages:

Change in Vessel Ownership: The Summer Flounder Exemption Certificate is being transferred with the vessel to a new owner. The new owner must provide USCG documentation/State registration and NOAA Fisheries Federal Permit number where applicable as proof of vessel ownership. [Section 14.12(A)(1)]. (Complete part I)

Certificate Retained for Vessel Replacement: The Summer Flounder Exemption Certificate is not being transferred with the vessel to a new owner. The transferor is retaining the Summer Flounder Exemption Certificate to be assigned to an applicable vessel at a later date. The Summer Flounder Exemption Certificate must be assigned to a replacement vessel with proof of full ownership within 5 years of approval of this transfer. [Section 14.12(A)(2)] (Complete Part II)

Replacement Vessel: The Summer Flounder Exemption Certificate is being transferred to an applicable vessel owned by the applicant. The applicant must provide USCG documentation/State registration and NOAA Fisheries Federal Permit number where applicable as proof of vessel ownership. [Section 14.12(A)(3)]. (Complete Part III)
## I. Change in Ownership

<table>
<thead>
<tr>
<th>Transferor Information</th>
<th>Transferee Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vessel Name:___________</td>
<td>Vessel Name:___________</td>
</tr>
<tr>
<td>USCG Doc/State Reg:____</td>
<td>USCG Doc/State Reg:____</td>
</tr>
<tr>
<td>Federal Permit:_________</td>
<td>Federal Permit:_________</td>
</tr>
<tr>
<td>Vessel Owner:___________</td>
<td>Vessel Owner:___________</td>
</tr>
<tr>
<td>Address:_______________</td>
<td>Address:_______________</td>
</tr>
<tr>
<td>City/State/Zip:_________</td>
<td>City/State/Zip:_________</td>
</tr>
<tr>
<td>Phone Number:___________</td>
<td>Phone Number:___________</td>
</tr>
<tr>
<td>Email:_________________</td>
<td>Email:_________________</td>
</tr>
</tbody>
</table>

Date of Transfer: ________ *

Exemption Certificate #:________ *

* Required

Transferor Signature: __________________________ Date: ________

Print Name: __________________________________________

Transferee Signature: __________________________ Date: ________

Print Name: __________________________________________

Date: ____________  

________________________________________________________

Daniel Costa  
Port Manager/DEM-Coastal Resources
II. Information for Certificate Retention

Exemption Certificate #: _____  Certificate holder: ____________________________  
Vessel Name: ___________________  Address: ________________________________
USCG Doc/State Reg: __________  City/State/Zip: ___________________________
MRI Number: _________________  Phone Number: __________________________
Date of Retention: ____________  Email: ________________________________

* Required

I, ____________________________ hereby acknowledge the receipt of 
(Print New Vessel Owner Name)
the fishing vessel listed above in a legal sale without the transfer of the Rhode Island Dept. of 
Environmental Management Summer Flounder Exemption Certificate that was attached to said 
vessel prior to the sale.

Signature: ____________________________ Date: __________
Print Name: ________________________________

I, ____________________________ hereby acknowledge that I am 
(Print Previous Vessel Owner Name)
retaining the Rhode Island Dept. of Environmental Management Summer Flounder Exemption 
Certificate that was attached to the fishing vessel listed above prior to said vessel’s sale for the 
purposes of applying it to a replacement vessel within five years of the date of retention.

Signature: ____________________________ Date: __________
Print Name: ________________________________

Date: __________  ____________________________

Daniel Costa  Port Manager/DEM-Coastal Resources
III. Replacement Vessel Information

Exemption Certificate #:_______* Vessel Owner:______________________________*

New Vessel Name:_______________* Address:__________________________________*

New USCG Doc/State Reg:_______* City/State/Zip:__________________________*

Federal Permit:_______________  Phone Number: ____________________________*

Prior Vessel Name:_____________* Email:____________________________________

USCG Doc/State Reg:__________* Date of Transfer:__________________________*

Federal Permit:_______________

* Required

Signature: ________________________Date: __________

Print Name: ____________________________

Date: __________

____________________________________
Daniel Costa
Port Manager/DEM-Coastal Resources