

Rhode Island Department of Environmental Management, Coastal Resources

301 Great Island Road, Narragansett, RI **02882** (401) **783-5551**

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

Transferor Information	1	Transferee Information			
Vessel Name:	*	Vessel Name:	*		
USCG Doc/State Reg:	*	USCG Doc/State Reg:	*		
Federal Permit:		Federal Permit:			
Vessel Owner:	*	Vessel Owner:	*		
Address:*		Address:	*		
City/State/Zip:*		City/State/Zip:*			
Phone Number:*		Phone Number:	*		
Email:		Email:			
	Date of Tr	ansfer:*			
	Exemption Ce	rtificate #:*			
* Required					
Transferor Signature:		Date:			
Print Name:					
Transferee Signature:		Date:			
Print Name:					
Data					
Date:			Daniel Costa		
		Port Manager/DEM-Coast	al Resources		

II. <u>Information for Certificate Retention</u>

Exemption Certificate #:	*	Certificate holder:	*
Vessel Name:	*	Address:	*
USCG Doc/State Reg:	*	City/State/Zip:	*
MRI Number:		Phone Number:	*
Date of Retention:	*	Email:	
* Required			
I,	w Magga	l Owner Name)	hereby acknowledge the receipt of
O	Summe	er Flounder Exemption	asfer of the Rhode Island Dept. of Certificate that was attached to said
Print Name:			
I,(Print Previo	ous Ves	sel Owner Name)	hereby acknowledge that I am
	to the f	ishing vessel listed abov	ment Summer Flounder Exemption ve prior to said vessel's sale for the ears 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:	1	*	
Federal Permit:	_			
* Required				
Signature:	Doto			
Print Name:				
Date:				David Cont
		Port Manager/I	DEM-Coas	Daniel Costa tal Resources