



Rhode Island Department of Environmental Management

235 Promenade Street | Providence, RI 02908-5767 | www.dem.ri.gov | @RhodeIslandDEM
Office of Boating Registration & Licensing | 3rd Floor, Room 360 | 401.222.6647 | TDD 401.222.4462

RI PARTY & CHARTER BOAT LICENSE APPLICATION EXPIRATION February 29, 2020 FEE \$25.00

Name of Business : _____ (if applicable)

Name of Owner/Applicant: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Name of Vessel: _____ Boat Registration # _____

Homeport: _____ Phone: _____

List name(s) of operator(s) & crew member(s) below. Should any names change during the period in which this license is valid; DEM Office of Boat Registration & Licensing will be notified within five (5) business days

_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is required, please attach a separate sheet.

The following documents must be furnished (please attach):

1. A current copy of the operator's USCG license to carry passengers for hire.
2. A current copy of the vessel's "Certificate of Documentation" certifying that the vessel is Documented "Coastwise", or, if the vessel is under five (5) net tons, a copy of the vessel's state registration.
3. Proof that the operator & crew are currently enrolled in a random drug-testing program that complies With the Federal Government's 46CFR "Drug Testing Program" regulations USCG Sector Boston 1-617-223-3000
4. A signed application form certifying that the vessel is & will be operated in compliance with all state and federal Safety regulations for the vessel. (By signing this form, you are in agreement that the vessel will be operated in compliance with all state and federal safety regulations for the vessel).
5. Complete the Taxation Certification pursuant to RIGL5-76 and 31-3 & submit along with Application for Party/Charter Boat

Under penalty of law, I hereby certify that the above information is true and correct:

Applicant's Signature _____ Date: _____

Notes: Checks/Money Orders payable to State of RI – DEM & mail or deliver to the address below

Mail to: RI DEM, 235 Promenade St., Room 360, Providence, RI 02908