

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767 Rhode Island Relay 711
Office of Boat Registration & Licensing 3rd Floor – Room 360 (401) 222-6647

2018 PRINCIPAL EFFORT LICENSE (Age 65+) RENEWAL APPLICATION

Mailing Address

Name: _____
Street: _____
City, State, ZIP: _____
Applicant ID: _____

Residence Address (Cannot be a PO Box)

Street: _____
City, State, ZIP: _____
DOB: _____

Current License Information

License Type: PEL
License Number: _____
Expiration Date: 12/31/2017
Occupation: _____

New License Information:

License Type: PEL
License Number: _____
Expiration Date: 12/31/2018

*** (MUST BE RENEWED NO LATER THEN 02/28/2018) ***

Renewal Grace Period with \$200.00 Late Fee March 1, 2018 – April 29, 2018

It is unlawful to fish or sell fishery products without a current 2018 license

The information below is **REQUIRED** in order to renew your license

| Whelk Reporting Method- Mandatory | |
|-----------------------------------|---------|
| Logbook - Endorsement | \$25.00 |
| VTR | |
| Electronic | |
| | |

| | |
|---|-----------------|
| Principal Effort License | \$0.00 |
| Endorsements: | |
| Quahog (Renewal) | \$0.00 |
| Soft Shell Clam (Renewal) | \$0.00 |
| Shellfish Other | \$0.00 |
| Whelk – Conch (Renewal) – Reporting Required | \$0.00 |
| Fishery Endorsements (Additional \$75.00 Each) | |
| Non Lobster Crustacean | \$ 75.00 |
| Non Restricted Finfish | \$ 75.00 |
| Logbook | \$25.00 |
| TOTAL DUE: | \$ |

NOTES

- Please make check or money order payable to: State of RI – DEM & mail or deliver to address above
- Every vessel engaged in Commercial Fishing must be declared on a Commercial Vessel Declaration Application
- Rules & Regulations are available at www.dem.ri.gov or The Office of Boat Registration & Licensing
- Social Security Number must be on file with the Dept or applicant must submit Letter of Good Standing from the RI Division of Taxation prior to renewal of marine license

Resident RIGL20-1-3(8) Resident means an individual who has had his or her actual place of residence and has lived in the state of RI for a continuous period of not less than six (6) months:

I hereby certify that I am a RI resident and the information contained herein is true and correct:

Signature: _____ **Date :** _____ **RI DL#** _____

Telephone Number : _____ **(Optional)**

Note: Licensed fishers are obligated to comply with possession limits for finfish as provided in the Marine Fisheries listserve, dedicated phone line at (401) 423-1920, or webpage a www.dem.ri.gov/programs/fish-wildlife/marine-fisheries/mfsizes.php. Licensed shellfishers are obligated to comply with conditional closure areas as provided on DEM's dedicated phone line at (401) 222-2900.