



RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767

TDD 401-831-5508

Office of Boat Registration & Licensing
3rd Floor, Room 360 (401) 222-6647

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: _____
License Number: _____
Expiration Date: _____
Occupation: _____

New License Information:

License Type: _____
License Number: _____
Expiration Date: _____

***** (MUST BE RENEWED NO LATER THEN 02/28/2008) *****

Renewal Grace Period with \$200.00 Late Fee February 29, 2008 – April 28, 2008

It is unlawful to fish or sell fishery products without a current 2008 license

The information below is REQUIRED in order to renew your license

<u>Gear Type</u>	<u>Non-binding</u> <small>For Informational purposes ONLY Please check all that apply</small>
Rod & Reel	
Otter Trawl	
Fish Pot	
Lobster Pot	
Bullrake	
Other (Please specify)	

Principal Effort License	\$0.00
Quahog & Other shellfish Soft Shell Calm Endorsement	\$0.00
Fishery Endorsements (Additional \$75.00 Each)	
Non Lobster Crustacean	\$
Non Restricted Finfish	\$
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)**