

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

Applicant ID #	(Office use only)	Tin #	(Office use only)
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STATE OF RHODE ISLAND

Application for R.I. Aquaculture

Name:			
Address:			
City:			
Date of Birth:	Sex: M/F Phone	#:(Optional)	
RI Driver's License Number			
Hair Color: Weight: _	Eye Color:	Height:	
Occupation			
Aquaculture (RI GL 20-10-12(d)) License #		\$200.00
*Under penalty of law I certify	that the foregoing sta	tements are true.	
Applicant's Signature*			Date
Notary Public			Commission Expires

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