

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

Non-Commercial Lobster Pot License & Diver License

Name:					
Address:					
City:	_ State:	Zip	Code:		
	_ Sex: M/F RI Driver's License Number _				
Hair Color: Weight:	Eye Colo	r:	Height:		
Occupation					
*If additional information is neede	d please provide us	with one	of the following:		
Phone number:	or Email address:				
Lobster (Non-Commercial Po	,			_ \$	40.00
Buoy colors/_ You can choose up	to three colors	_ Pot Num	(Office use only)		
Lobster (Non-Commercial Di	ver) (RI GL 20-7-	4) Licen	se #	_ \$	40.00
Under penalty of law, I certify that	a resident	sident of the State			
* "Resident" means an individual v of Rhode Island for a co	who has had his or hontinuous period of	er actual not less th	place of residence and nan six (6) months RIG	d has lived L 20-1-3 (8	in the State)
Applicant's Signature*				[Date
				/	/
Notary Public (New Applicants	only)		(Commissi	on Expires

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