

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

Applicant ID #	(Office use only)	Tin #	(Office use only)

	STATE OF RHO	DDE ISLAND	
APPLICA	TION FOR FRESHV	VATER MINNOW LICENSE	
Current License No. for Re	enewal		
Name:			
Address:			
City:	State:	Zip Code:	
Date of Birth:	Pho	ne #:(Optional)	
Hair Color: Weight	:: Eye Color:	Height:	
Fee: To sell and possess m (101) minnov 50' Seine 75' Seine		(FWMINS) (FWMINA)	
100' Seine	\$40.00	(FWMINC)	
It is understood that the fee for first 50ft. and \$10.00 for each **License will expire Decem *Under penalty of law I certif	n additional 25ft. up t ber 31 st , of each year	•	
Applicant's Signature*		Da	te

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