

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

STATE OF RHODE ISLAND APPLICATION FOR NON-RESIDENT LANDOWNER SHELLFISH LICENSE License Year: March 1 – February 28 of the following year

name:			-
Address:			
City:	State:	Zip Code:	
Date of Birth:		Sex: Male/Female/Unspecified	
Driver's License Numl	per	Issuing State:	
Hair Color: W	eight: Eye Col	or: Height:	
Social Security #		Required Field for l	Jnique Identifier
Phone number:		Email address:	
		eans a nonresident citizen of the coy deed filed in the recorder of the coy deed filed in the recorder of the coy deed filed in the recorder of the coy deed the coy deed to be a considered as the coy deed to be a coy deed to	
estate in Rhode Islar (\$30,000.00) may, wi town or city hall show obtain an annual, nor	nd assessed for taxa th proof of residentia ving that the nonresion ocommercial, nonresions owned in the name	defined in Chapter 20-1-3. (a) tion at a valuation of not less . I property ownership in the form dent landowner is current in his dent shellfish license for a feet one of a Trust, Leased or Renta	than thirty thousand dollars or of a current tax bill from a or her property tax obligation, of twenty-five dollars (\$25.00).
To obtain license, plea 1. A copy of a valid ID 2. Current tax valuatio 3. License fee \$25.00	on of RI property asse	ssed for taxation not less than th	nirty thousand dollars.
"I hereb	y certify that the info	ormation contained herein is t	rue and correct"
	Āŗ	pplicant's Signature	 Date

Mailing address: RI DEM, 235 Promenade St., Room 360, Providence, RI 02908