

Connecticut Department of Energy & Environmental Protection

MARINE FISHERIES

OFFICE USE ONLY
Check No
Check Amount
Date Issued

Vessel Permit Application

Primary Vessel Owner Information

Conservation ID (if known)	F	or License Yea	New License Renewal					Mail to: Department of Energy and Environmental Protection License and Revenue Unit, P.O. Box 719, Old Lyme, CT 06371						
First Name				MI	L	ast Name				Ethnicity				
										White	ΠH	lispanio	Native	
Birthday Eye Color								olor		Black	_	Asian	American Other	
Gender					Height		١	Weight						
Male	on-Bina	Binary												
Drivers License	Inform	ation								_				
State Number														
Contact Information														
Daytime Phone Number			Eve	Evening Phone Number					Email Address					
Residence Address Mailing Address (if different than residence)														
City			Sta	te	Zip C	Code	City	/			Sta	te	Zip Code	
Vessel Identification Information Permit Sele									it Selection					
Vessel Purchase Date										<u>Commer</u>	cial			
							_	Co	ommercial Fishin	g Vessel Pern	nit		\$100.00	
Vessel Name				State Registration Number				- For	use of a vessel for a	ctivities authorize				
							_	tint	ish, lobster or landin	ig license.				
USCG Doc Number Federal Permit Number														
Vessel Type (ex: Party, Charter, Lobster, Trawler, Open, Cabin) Year Built														
	,	, ,,,	, - ,				Ē			Ear U				
Propulsion Type (ex: Gas,	Diesel)	Vessel Leng	th (feet)	(Inches)				De	arty / Chartor Vo	<u>For Hi</u>			\$315.00	
									o operate a party / cha	-				
Beam (feet)	(Inches)	D	epth (feet)		(Incl	nes)		spe	ecies in Connecticut	waters or land m	narine s	pecies at	Connecticut ports,	
							regardless of where those species are taken. A separate party / charter registration is required for each vessel operated for this purpose.							
Gross Tonnage	Horsepowe	r H	Home Port State				Wh	at is your home	port town?					
Home Port Connec			onnecticut	necticut Landing Port				Wh	o is the princip	al operator?				
Hull Material Vessel I			essel Prima	sel Primary Color				Coa	ast Guard Refere	ence Number?				
Vessel Secondary Color Net Tor			et Tonnage	t Tonnage				Dat	te of issue?					
								Marina name (or) exact location?						
Passenger Capacity Cr			Crew Size					Pas	ssenger capacity	?				

Continue on reverse side (Signature Required)

Secondary Vessel Owner Information (If applicable)

Conservation ID (if known)			·								
First Name	МІ	Last Name			Ethnicity						
Birthday			Hair Color		– 🗌 White	Hispanic	Native American Other				
Gender Ale Female	Non-Bi	nary	ght	Weight							
Drivers License Informat											
State Number											
Contact Information											
Daytime Phone Number	Ev	vening Phone Nur	mber		Email Address						
Residence Address		Mailing Add	ress (if different than reside	ence)							

City

Make check / money orders payable to Department of Energy and Environmental Protection.

Zip Code

State

Total Fee

Zip Code

State

By signing this application, I agree that at any time and without delay, I shall permit any law enforcement officer to board any of my vessels and enter upon my premises to inspect the catch, nets, traps, and other devices used for taking or holding finfish, lobsters, crabs, squid, whelk, bait species or sea scallops to determine compliance with Title 26 of the General Statutes, as amended. I understand that any person making a written false statement on this form shall be subject to arrest as provided for in Sec. 53a-157b of the General Statutes as amended. I declare that my right to obtain the license or registration applied for is not void or under suspension.

Signed (Owner)

City

Company and Title (if applicable)

Date