



Connecticut
**Department of Energy &
Environmental Protection**
MARINE FISHERIES

Multi-State Summer Flounder Possession Limit Application

Rev 11/25

Mail or Email: CT DEEP Marine Fisheries Program
PO Box 719
Old Lyme, CT 06371
Deep.marine.fisheries@ct.gov

CONTACT INFORMATION

First Name:	MI:	Last Name:	Conservation ID:	CT Commercial Plate Number:
Resident Address:			Mailing Address (if Different):	
Phone Number:	Email Address:		Birth Date:	

VESSEL IDENTIFICATION INFORMATION

Vessel Name:	State Registration Number:	USCG Doc Number:
Home Port State:	Home Port:	

COOPERATING STATE(S) INFORMATION

State: _____	License Number: _____	Port(s) of Landing: _____
State: _____	License Number: _____	Port(s) of Landing: _____
State: _____	License Number: _____	Port(s) of Landing: _____

SUPPLEMENTAL *(In addition to this application, the following must also be submitted with your application package)*

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Proof of privilege to land Summer flounder in cooperating state(s) for program year
Or; letter of authorization from cooperating state(s) for program year

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 authorization applied for is not void or under suspension. I acknowledge that I am aware of all requirements to meet and maintain eligibility in the Multi-State Possession and Landing Program for Summer Flounder as defined in Sec. 26-159a-29 of the Regulations of Connecticut State Agencies, and that failure to comply with any Program requirement shall result in immediate revocation of privilege to participate in the Program.

Signed (Owner)

Date