



OFFICE USE ONLY	
Date Issued	_____
Approval By	_____

## Multi-State Summer Flounder Possession Limit Application

Rev 11/21

**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):	
Home Phone Number:	Cell Phone Number:		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)*

- Copy of your current Connecticut Summer flounder endorsement
- Proof of privilege to land Summer flounder in cooperating state(s) (as applicable)
- Copy of your Connecticut Commercial Fishing Vessel Permit

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