



# The Commonwealth of Massachusetts

Division of Marine Fisheries

251 Causeway Street, Suite 400

Boston, Massachusetts 02114-2152

(617) 626-1520

## SPECIAL LICENSE APPLICATION

This is the application you requested for a Massachusetts Saltwater Special License. Please complete both sides of the application and return to the above address.

PLEASE TYPE OR PRINT INFORMATION CLEARLY:				<b>SSN:</b> _____-_____-_____ (License No.)	
Last Name	First Name	Initial		Please note the last four digits of your SSN/Unique Id will be your license no.	
Street	City/Town	State, Zip Code	Country		
Mailing Address (If different than above)	City/Town	State, Zip Code	Country		
<b>Residency Status:</b> Ma Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		U. S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth: ____/____/____	
				Telephone #: (____) ____-____	
				E-mail: _____	

**DOR Affidavit**

By statutory mandate of C. 233 of the Acts of 1983, the Dept. of Revenue is requiring the enclosed affidavit certifying your compliance with the Revenue Laws of the Commonwealth. Failure to accurately execute the enclosed affidavit will result in the non-issuance of your license. Should you have any questions you may contact the Dept. of Revenue at 1-800-392-6089.

Pursuant to M.G.L. Ch. 62c, s. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Federal ID No. \_\_\_\_\_

Signature of Individual or Corporate Name \_\_\_\_\_

Corporate Officer (if applicable) by: \_\_\_\_\_

**Special License Selection:** Please select **only one** special category from the list below. Each special license type requires additional forms as explained on page 2 of this application. If you do not have all the forms or information you need to complete this application, contact the appropriate office as indicated below, and help will be provided.

LICENSE TYPE	MASS RESIDENT	NON- RESIDENT	CONTACT OFFICE IF ADDITIONAL INFORMATION IS NEEDED
AQUACULTURE	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20.....	Contact the New Bedford Office for additional forms (508) 990-2860.
MASTER DIGGER	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500.....	Contact the Boston Office for additional forms (617) 626-1520.
SCIENTIFIC COLLECTION	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20.....	Contact the Boston Office for additional forms (617) 626-1520.
SHELLFISH PROPAGATION	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20.....	Contact the New Bedford Office for additional forms (508) 990-2860.
SHELLFISH RELAY	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20.....	Contact the New Bedford Office for additional forms (508) 990-2860.
SUBORDINATE DIGGER	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200 .....	Contact the Boston Office for additional forms (617) 626-1520.

Use the following checklist to reduce the risk of making errors in completing this application, and a subsequent delay in processing. Please allow 3 weeks for processing.

- Complete all the requested information above, including the DOR affidavit.
- Submit additional information as required (additional requirements are explained on the other side of this form).
- Submit a check or money order made payable to the Commonwealth of Massachusetts.
- Sign your application below, and return to the Division of Marine Fisheries at the address listed above. Thank you!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

