



Commonwealth of Massachusetts
Division of Marine Fisheries
251 Causeway Street, Suite 400
Boston, MA 02114-2152

Application for 2005 Red Tide Disaster Relief

Applications must be postmarked by April 20, 2007. Applications postmarked after that date will not be considered. Originals with signatures (no copies) must be submitted. No exceptions will be made.

For questions concerning this application, contact Mark Rousseau at (978) 282-0308 x162.

Please complete ALL sections:

Section 1: 2005 Permits

In 2005, I possessed the following permits or endorsements (Please check ALL that apply):

- ☐ Shellfish permit or shellfish endorsement
- ☐ Special Permit (Aquaculture and/or Shellfish Propagation)
- ☐ Local Permit (List all towns) 1. _____ 2. _____

Name Listed on Permit: _____ Permit Number (list all): _____

Mailing Address: _____

City, State, Zip: _____ Phone number: _____

Section 2: Qualifications

Qualification to participate in this program as a shellfish harvester is based on the following criteria. If you do not meet all of these requirements, you are not eligible to receive payment through this program. Please check boxes as appropriate:

- ☐ I certify that I have filed a catch report and reported landings for 2004 or 2005 as evidenced by DMF records.
- ☐ I certify that I held a 2005 Division of Marine Fisheries Commercial Fishing Permit endorsed for shellfishing.
- ☐ I certify that I have fished in a community or participated in a state regulated fishery that was impacted by red tide closure in 2005.
- ☐ I certify that I did not violate any state fishing regulations in 2005.

Section 3: State Vendor

If you qualify to receive a Red Tide Relief Subsidy, you must be listed as a State Vendor in order to receive a payment check from the Commonwealth of Massachusetts. Enclosed are four sets of documents that you must fill out in order to become a State Vendor. The information on these forms will be entered into the state database of Contractors. Please follow all instructions and complete.

- ☐ Commonwealth Terms and Conditions form
- ☐ W-9 federal tax form
- ☐ Commonwealth of Massachusetts Standard Contract form
- ☐ Commonwealth of Massachusetts Contractor Certification form
- ☐ Commonwealth Authorization for Electronic Funds Transfer (optional)

Section 4: Certification

I hereby certify that I meet all of the criteria detailed in this application.

I further affirm and agree that:

Any right of confidentiality with respect to my personal or corporate state tax information is waived to the extent necessary for the Commissioner of Marine Fisheries to verify with the State Tax Assessor that I am a Massachusetts taxpayer in good standing.

If the State of Massachusetts determines that I have any outstanding State of Massachusetts tax liability, any amounts owed will be withheld from any payment I may be eligible to receive from this compensation program. Such amount will be paid to the State towards my tax liabilities.

If the State of Massachusetts determines that I have any outstanding child support, amounts owed may be withheld from any payment I may be eligible to receive from this program. Any amount withheld shall be paid to the State towards my child support liabilities.

If the State of Massachusetts determines that I have violated any State or Federal fishing regulations in 2005, I may not be eligible for participation in this program.

Name: _____

Please type or print the name of authorized individual.

Signature: _____ Date: _____

This application must be signed by a person legally authorized to represent the entity submitting this application.

Knowingly falsifying any information contained within this report constitutes the act of perjury and may result in a fine, imprisonment, or loss of license (MGL, Chapter 130, Sections 2, 21, 33).

Use the following checklist to insure that you have accurately completed all required information:

- ☐ The W-9 form has been completed and signed (Signature and date MUST appear on Page 1 of W-9 form).
- ☐ The State Standard Contract Form has been completed, signed, and dated (submit original).
- ☐ The Commonwealth Terms and Conditions has been completed, signed, and dated (submit original).
- ☐ The Commonwealth Contractor Certification form has been completed, signed, and dated (submit original).
- ☐ The Electronic Funds Transfer Form has been completed (optional).
- ☐ You have completed sections 1 through 3, as applicable.
- ☐ Section 4 has been completed, signed, and dated (submit original).
- ☐ The above information has been reviewed for completeness and accuracy; corrections have been made as needed.
- ☐ **Reminder: Applications must be postmarked by April 20, 2007.**

Application packets may be picked up or dropped off at the following offices during normal business hours (08:00 – 16:00 M-F):

Boston - Division of *Marine Fisheries* Headquarters, 251 Causeway Street, Suite 400, Boston, MA 02114-2152

Gloucester - Annisquam River *Marine Fisheries* Field Station, 30 Emerson Ave, Gloucester, MA 01930

New Bedford - Quest Campus, 1213 Purchase St. - 3rd Floor, New Bedford, MA 02740

Newburyport - Shellfish Purification Plant, 84 82nd Street, Plum Island Point, Newburyport, MA 01950-4323

Martha's Vineyard - Marine Fisheries Field Station, Vineyard Haven, MA 02568

If mailing application, please send to the Gloucester or Boston office address listed above, c/o Mark Rousseau. For questions concerning this application, contact Mark Rousseau at (978) 282-0308 x162.