<u>Instructions</u>: This form may be used to apply for or renew marine recreational permits. Please provide all requested information. Incomplete forms may result in the delay of permit issuance.

MarineFisheries

Commonwealth of Massachusetts

Applicant Information						
Last Name: First Name:						
MI:	Suffix:	Date of Birth:			Gender:	
Height:	We	eight:	Hair Color:		Eye Color:	
MA Resident:	Yes	No	US Citizen: 🗌 Yes	□No)	
Residency Address						
Street 1:						
Street 2:						
Zip code:		City:		State:		
Mailing Address (if different than above)						
Street 1:						
Street 2:						
Zip code:		City:		State:		
Other Information (*required)						
*Phone #:			Cell Phone:			
e-mail address:						
Section 2. Please select the type of permit you are applying for: 16 – 59 Years Old\$10 Fee 60+ Years OldNo Fee						
Section 3. Certification/Signatures						
I certify under the pains and penalties of perjury that all information contained in the application is true and accurate to the best of my knowledge and belief.						
Applicant:	(Signatu	ire of applicant)			Date	
Parent or Gua		al or Legal Guardian conse	ent needed if child is under 18 y	/ears old).	Date	
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 by mail.						
Complete all the requested information above, including the certification.						
Make sure you check off the permit type you are applying for.						
If you are required to pay a fee, include a check or money order made payable to the <u>Commonwealth of Massachusetts</u> .						
Get your Permit On-Line at: or <u>Permit applications can be mailed to</u> :						
				Division of Marine Fisheries 30 Emerson Ave		

Gloucester, MA 01930

http://www.Mass.Gov/MassFishHunt