



<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.

## Section 1

| Section 1.  |           |                     |                |                        |                              |            |         |  |
|---|-----------|---------------------|----------------|------------------------|------------------------------|------------|---------|--|
| Applicant Information   |           |                     |                |                        |                              |            |         |  |
| Last Name:  |           |                     | First Name:    |                        |                              |            |         |  |
| MI:   | Suffix:   |                     | Date of Birth: |                        |                              |            | Gender: |  |
| Height: Weight  |           | Weight:             | Hair Color:    |                        |                              | Eye Color: |         |  |
| MA Resident: ☐Yes ☐N  |           | □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:   |           | 0:4                 |                |                        |                              | 01-1-      |         |  |
| Zip code:   |           | City:               |                |                        |                              | State:     |         |  |
| *Phone #: Cell Phone:   |           |                     |                |                        |                              |            |         |  |
| e-mail addres   |           |                     |                | Cell P                 | none:                        |            |         |  |
| - man and   |           |                     |                |                        |                              |            |         |  |
| Section 2. Please select the type of permit you are applying for:   |           |                     |                |                        |                              |            |         |  |
| 16 – 59 Years Old\$10 Fee   |           |                     |                |                        |                              |            |         |  |
|   |           |                     |                |                        |                              |            |         |  |
| 60+ Years Old No 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:  |           |                     |                |                        |                              |            |         |  |
|   | (Sig      | gnature of applicar | nt)            |                        |                              |            | Date    |  |
| Parent or Gua   | rdian:(Pa | rental or Legal Gu  | ıardian conse  | ent needed if child is | under 18 ye                  | 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 Commonwealth of Massachusetts.                       |           |                     |                |                        |                              |            |         |  |
| Get your Permit On Line at: or <u>Permit applications can be mailed to</u> :  |           |                     |                |                        |                              |            |         |  |
| Get your Permit On-Line at:   |           |                     |                | 01 <u>1 (</u>          | Division of Marine Fisheries |            |         |  |

http://www.Mass.Gov/MassFishHunt

Division of Marine Fisheries 30 Emerson Ave Gloucester, MA 01930