



<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	□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				0 4 4		
Zip code:		City:				State:		
*Phone #: Cell Phone:								
e-mail addres				Cell P	none:			
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:(Signature of applicant) Date								
D(gnature of applical	nt)				Date	
Parent or Gua	irdian:(Pa	rental or Legal Gu	uardian 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 Permit applications can be mailed to:								
					Division of Marine Fisheries			

http://www.Mass.Gov/MassFishHunt

Division of Marine Fisheries 30 Emerson Ave Gloucester, MA 01930