



The Commonwealth of Massachusetts

Division of Marine Fisheries (DMF)
30 Emerson Avenue
Gloucester, Massachusetts 01930
Phone: (617) 626-1520; Email: marine.fish@mass.gov

Refund Request Form

Permit holders who **may** be eligible for a permit refund should use this form to submit a request for a refund to the Massachusetts Division of Marine Fisheries (DMF). Please provide all requested information. Incomplete forms may result in the delay of a full review by the refund department.

Section 1: Contact Information

| | | | |
|--|----------------|----------------|---------|
| Person Information (if applicable): | | | |
| First Name | Middle Initial | Last Name | Suffix |
| Residency Address | City/Town | State Zip Code | Country |
| Mailing Address (If different than above) | City/Town | State Zip Code | Country |
| Preferred phone: () - Email Address: | | | |

| | | | |
|--|-----------|----------------|---------|
| Business Information (if applicable): | | | |
| Business Name: | | | |
| Residency Address | City/Town | State Zip Code | Country |
| Mailing Address (If different than above) | City/Town | State Zip Code | Country |
| Preferred phone: () - Email Address: | | | |

Section 2: Permit

| | | | |
|--|------------|------------------|----------------|
| Permit Information: | | | |
| Permit Category (please circle one): | Commercial | Seafood Dealer | Special Permit |
| Permit Number: | | | |
| Vessel information (if applicable): | | | |
| Vessel Name: | | Vessel Homeport: | |
| Vessel Registration or Coast Guard Documentation Number: | | | |

