

## Commonwealth of Massachusette Division of Marine Fisheries 30 Emerson Avenue



30 Emerson Avenue Gloucester, Massachusetts 01930 (617) 626-1520

## **Request for Verification of Fishing Experience**

## Purpose: This form is intended to be submitted by a prospective permit transferee to DMF to assess the eligibility of the transferee's commercial fishing experience.

Transferee's Information	n de la constante de
First & Last name:	Date Submitted:
Address:	
Telephone number:	
Date of Birth:	
DMF Permit # (if applicabl	le): Federal Permit #(if applicable):
Vessel Information (Name	, MS/DOC#, length):
Type of permit you are in	nterested in obtaining
☐Coastal Lobster	Must be a Massachusetts Resident for one year preceding the transfer. Transferee must document they have one year of full-time or the equivalent part-time commercial fishing experience in a commercial pot fishery or two years full-time or the equivalent part time commercial fishing experience in another commercial fishery. **Transferee must be the owner/operator of the business**
<ul> <li>□Fish-Pot Conch</li> <li>□Fish-Pot Scup</li> <li>□Fish-Pot Seabass</li> </ul>	Transferee must document they have one year of full-time or the equivalent part-time commercial fishing experience in a commercial pot fishery or two years full-time or the equivalent part-time commercial fishing experience in another commercial fishery. **Transferee must be the owner/operator of the business**
☐Ocean Quahog ☐Surf Clam ☐Quahog Dredge	The person to whom the permit is transferred must document one year of full-time or equivalent part time experience in commercial fishing.
Mobile Gear Coastal Access Permit	The person to whom the permit is transferred must document one year of full-time or equivalent part time experience in commercial fishing.
*maybe be transferred	d in conjunction with a fluke, sea bass, groundfish or horseshoe crab endorsement (if applicable).*
you previously worked, ca	of experience can be in the form of a tax return (1099) from a captain, vessel owner, or company with whom tch reports from a permit you held or currently hold, or copies of VTR's indicating you as operator or permit ocumentation for proof of all experience listed on page 2 when submitting this application.
If you have any questions,	, please contact: Kerry Allard (617) 626-1633 <u>kerry.allard@state.ma.us</u> or Story Reed (617) 626-1524 <u>story.reed@state.ma.us</u>

The following questions are to be completed by the Intended Transferee. Please include documentation for proof of experience when submitting this application.

1. List your commercial **POT FISHING** experience in the table below. Please include previous captains, vessel owners, or companies, with whom you worked.

Vessel Name	Name of Permit Holder	DMF Permit ID#	Year	Months Fished	Estimated # of trips

2. List your commercial FISHING experience in the table below. Please include previous captains, vessel owners, or companies, with whom you worked.

Vessel Name	Name of Permit Holder	DMF Permit ID#	Year	Months Fished	Estimated # of trips

3. Do you currently hold or have you ever held a Massachusetts commercial permit	NO	YES	DMF Permit ID#:	YEAR(S): _	
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4. Do you currently hold or own a vessel that holds any NMFS Federal Permits:	NO	YES	NMFS #:	

5. Has there been any state or federal enforcement actions against you, the permit or the vessel you were fishing under prior to this transfer request? NO YES *IF YES, please describe violation or enforcement action below* 

This form is used to determine the transferee's work experience. It does not guarantee the transfer of the permit or endorsement(s). Final determination will be made once the complete packet is submitted to the Division of Marine Fisheries.
Signature:Knowingly falsifying any information contained within this questionnaire constitutes the act of perjury and may result in a fine or imprisonment (MGL, Chapter 130, Sections 2, 21, 33).