

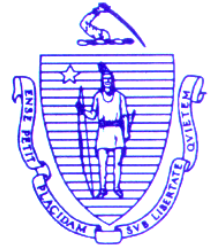


David E. Pierce, Ph.D.
Director

Commonwealth of Massachusetts

Division of Marine Fisheries

251 Causeway Street, Suite 400
Boston, Massachusetts 02114
(617) 626-1520



Charles D. Baker
Governor

Karyn E. Polito
Lieutenant Governor

Matthew A. Beaton
Secretary

George N. Peterson, Jr.
Commissioner

Mary-Lee King
Deputy Commissioner

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	
First & Last name:	Date Submitted:
Address:	
Telephone number:	
Date of Birth:	
DMF Permit ID#(if applicable):	Federal Permit #(if applicable):
Vessel Information (Name, MS/DOC#, length):	
Type of permit you are interested in obtaining	
<input type="checkbox"/> 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**
<input type="checkbox"/> Fish-Pot Conch	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**
<input type="checkbox"/> Fish-Pot Scup	
<input type="checkbox"/> Fish-Pot Seabass	
<input type="checkbox"/> Ocean Quahog <input type="checkbox"/> Surf Clam <input type="checkbox"/> 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.
<input type="checkbox"/> 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 in conjunction with a fluke, sea bass, groundfish or horseshoe crab endorsement (if applicable).	
Documentation for proof of experience can be in the form of a tax return (1099) from a captain, vessel owner, or company with whom you previously worked, catch reports from a permit you held or currently hold, or copies of VTR's indicating you as operator or permit holder. Please include documentation 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 kerry.allard@state.ma.us or Story Reed (617) 626-1524 story.reed@state.ma.us	

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): _____

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).

