



# The Commonwealth of Massachusetts

Division of Marine Fisheries

251 Causeway Street, Suite 400

Boston, Massachusetts 02114-2152

(617) 626-1520

## SPECIAL LICENSE APPLICATION

This is the application you requested for a Massachusetts Saltwater Special License. Please complete both sides of the application and return to the above address.

PLEASE TYPE OR PRINT INFORMATION CLEARLY:

Last Name First Name Initial

Street City/Town State Zip Code Country

Mailing Address City/Town State Zip Code Country  
(If different than above)

**Residency Status:** Ma Resident: ☐ Yes ☐ No U. S. Citizen: ☐ Yes ☐ No

SSN:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(License No.)

Please note the last four digits of your SSN/Unique Id will be your license no.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_

### DOR Affidavit

By statutory mandate of C. 233 of the Acts of 1983, the Dept. of Revenue is requiring the enclosed affidavit certifying your compliance with the Revenue Laws of the Commonwealth. Failure to accurately execute the enclosed affidavit will result in the non-issuance of your license. Should you have any questions you may contact the Dept. of Revenue at 1-800-392-6089.

Pursuant to M.G.L. Ch. 62c, s. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Federal ID No. \_\_\_\_\_

Signature of Individual or Corporate Name \_\_\_\_\_

Corporate Officer (if applicable) by: \_\_\_\_\_

**Special License Selection:** Please select **only one** special category from the list below. Each special license type requires additional forms as explained on page 2 of this application. If you do not have all the forms or information you need to complete this application, contact the appropriate office as indicated below, and help will be provided.

LICENSE TYPE	MASS RESIDENT	NON- RESIDENT	CONTACT OFFICE IF ADDITIONAL INFORMATION IS NEEDED
AQUACULTURE	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20.....Contact the New Bedford Office for additional forms (508) 990-2860.	
MASTER DIGGER	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500.....Contact the Boston Office for additional forms (617) 626-1520.	
SCIENTIFIC COLLECTION	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20.....Contact the Boston Office for additional forms (617) 626-1520.	
SHELLFISH PROPAGATION	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20.....Contact the New Bedford Office for additional forms (508) 990-2860.	
SHELLFISH RELAY	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20.....Contact the New Bedford Office for additional forms (508) 990-2860.	
SUBORDINATE DIGGER	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200 .....Contact the Boston Office for additional forms (617) 626-1520.	

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.

- ☐ Complete all the requested information above, including the DOR affidavit.
- ☐ Submit additional information as required (additional requirements are explained on the other side of this form).
- ☐ Submit a check or money order made payable to the Commonwealth of Massachusetts.
- ☐ Sign your application below, and return to the Division of Marine Fisheries at the address listed above. Thank you!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Aquaculture License:** To raise marine finfish, applicants must submit a detailed proposal along with this application to the Boston office. The proposal must include species to be raised, supply source, location of operation, type of system, and all other information pertinent to the operation. An annual activities report on finfish aquaculture is required. Applicants that intend to raise shellfish, must first contact the New Bedford office at (508) 990-2860. An annual activities report may be required.

**Master Digger License:** Applicants must be at least 18 years of age, and may not possess an “open” area, commercial shellfish license at the same time as a master diggers license. This license is required for the harvest of contaminated clams from areas classified as “restricted”. Shellfish are depurated at the shellfish purification plant in Newburyport in accordance with regulations and established procedures. In addition to this application form, applicants must also include a \$1,000 surety bond, sign a master digger affidavit, have their vehicle inspected and approved by the Department of Public Health, Division of Food and Drugs, and they must submit a list of their transportation agents (no more than 2) and supervisors (no more than 3). Forms and information for obtaining a master digger license are available from the Boston office (617) 626-1520.

**Shellfish Propagation License:** Applicants must contact the shellfish bureau in DMF's New Bedford office for information and regulations governing shellfish propagation in Massachusetts' marine waters (508) 990-2860. A town (local) shellfish propagation grant is also required.

**Shellfish Relay License:** This license is required for the relay of contaminated shellfish from one area to another for management purposes. Applicants must contact the shellfish bureau in DMF's New Bedford office for information and regulations governing shellfish relay in Massachusetts' marine waters (508) 990-2860.

**Subordinate Digger License:** Applicants must be at least 18 years of age, and may not possess an “open” area, commercial shellfish license at the same time as a subordinate diggers license. This license is required for the harvest of contaminated clams from areas classified as “restricted”. Shellfish are depurated at the shellfish purification plant in Newburyport in accordance with regulations and established procedures. Subordinate diggers must work for a master digger. In addition to this application, applicants must sign a subordinate digger affidavit, which is available from the Boston office (617) 626-1520.

**Scientific Collection License:** This license is required for scientific consultants, educators, researchers, and other government agencies that would like authorization to collect marine species for scientific purposes in waters under the jurisdiction of the Commonwealth of Massachusetts. A secondary application is required and is printed below for your convenience. An annual collection report is also required.

**Scientific Collectors License Application, part II**

**Name of Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Primary Collector:** \_\_\_\_\_ **List names of all Secondary Collectors:**

\_\_\_\_\_  
\_\_\_\_\_

**Name of Vessel 1:** \_\_\_\_\_ **Length:** \_\_\_\_\_ **Captain:** \_\_\_\_\_

**Name of Vessel 2:** \_\_\_\_\_ **Length:** \_\_\_\_\_ **Captain:** \_\_\_\_\_

Type of Scientific Permit for which you are applying (CIRCLE ONE):

Education -- allows the holder to collect marine organisms for the holders' educational purposes. ORGANISMS MAY NOT BE SOLD.

Research --- allows the holder to collect marine organisms for the holder's research purposes, including assessment and monitoring surveys. ORGANISMS MAY NOT BE SOLD.

Briefly describe the research aims, and the need for the collection/sampling you would like to conduct under authority of this license. Include, species and quantity to be collected, area(s) of collection, method(s) of collection, and final disposition of species collected.

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