



N.H. FISH & GAME DEPARTMENT
 11 Hazen Drive, Concord, NH 03301
 (603) 271-3421
 FishNH.com

MAR1503C.indd/REV. 4/22
 FOR OFFICE USE ONLY
 License # _____
 Date Issued _____

APPLICATION FOR LOBSTER AND CRAB LICENSE AND LOBSTER HELPER'S LICENSE

(RSA 211:18, RSA 211:20, Fis 1105.03, 1110.09)

Each Year Applicants MUST: Complete an application, and provide a copy of their driver's license and boat registration. All Licensees are required to report their catch and effort data on a monthly basis.

Will you be selling (retail) your own catch? Yes No

	RESIDENT	NON-RESIDENT
Not Over Five Traps (not for sale)	<input type="checkbox"/> \$40.00	N/A
Part-time Commercial – not over <u>100</u> traps	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$350.00*
Limited Commercial – not over <u>600</u> traps	<input type="checkbox"/> \$200.00**	<input type="checkbox"/> \$400.00*
Commercial License	<input type="checkbox"/> \$350.00*	<input type="checkbox"/> \$600.00*
Lobster Helpers License	\$20.00 each <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(In conjunction with Lobster Lic. # _____)

*Prior approval from Marine Division Required. ** Lobster License holders prior to 01/01/2006.

PLEASE TYPE OR PRINT CLEARLY - Must be completed in full.

Legal Name of Applicant:

LAST NAME (plus suffix)	FIRST NAME	MI	MAIDEN NAME (if applies)
STREET ADDRESS			(_____) HOME OR PERSONAL CELL PHONE NUMBER
CITY	STATE	ZIP CODE	COUNTRY
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			EMAIL ADDRESS
CITY	STATE	ZIP CODE	COUNTRY
Date of Birth: _____ <small>MONTH/DAY/YEAR</small>	Height: _____	Weight: _____	Eye: _____ Hair: _____

ALL INFORMATION IS REQUIRED

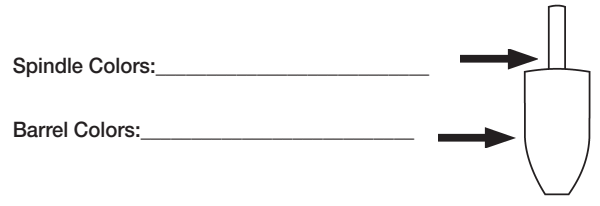
Vessel/Boat Information:

Vessel Owner (if not same as above): _____
 State of Registration _____
 (_____)
 HOME OR PERSONAL CELL PHONE NUMBER _____

LAST NAME (plus suffix)	FIRST NAME	MI	
STREET ADDRESS OF OWNER			
CITY	STATE	ZIP CODE	COUNTRY
VESSEL NAME	STATE REGISTRATION # OR COAST GUARD #		
NATIONAL MARINE FISHERIES FEDERAL PERMIT#	PRINCIPAL PORT		
HULL ID #	HULL CONSTRUCTION MATERIAL		

Color Marking of Buoys and on Boat:

Indicate color markings on buoy illustration at right.



Vessel Length: _____	Year Built: _____
Net Tons****: _____	Horsepower****: _____
Crew Size: _____	Gross Tons****: _____
Hold Capacity (in Tons)****: _____	

****Complete for Federal documented vessels only.

RESIDENT AFFIDAVIT:

I hereby certify that I am a resident of the State of New Hampshire and that I do not claim residence in any other state for any purpose. The word residence shall mean domicile. I hereby certify that the above information is true and correct. (Licensee subject to the penalties for making unsworn false statements under RSA 641:3).

NONRESIDENT AFFIDAVIT:

I hereby certify that the above information is true and correct. (Licensee subject to the penalties for making unsworn false statements under RSA 641:3).

Sportsperson statement: I certify that my privileges to fish, guide, take or land lobsters, or engage in commercial marine fishing activities are not under suspension or revocation in any state or province (RSA 214:18b) and further certify that I am aware that any conviction of certain felonies in any state or province prohibits the possession of a firearm or other dangerous weapon.

 APPLICANT'S SIGNATURE

 APPLICANT'S NAME (PLEASE PRINT)

LICENSE EXPIRES DECEMBER 31, _____.