



# New Hampshire Fish and Game Department

**HEADQUARTERS:** 11 Hazen Drive, Concord, NH 03301-6500  
(603) 271-3421  
FAX (603) 271-1438

[www.WildNH.com](http://www.WildNH.com)  
e-mail: [info@wildlife.nh.gov](mailto:info@wildlife.nh.gov)  
TDD Access: Relay NH 1-800-735-2964

## **IMPORTANT LICENSE INFORMATION FOR:**

### **LIMITED ACCESS COMMERCIAL OR LIMITED COMMERCIAL LOBSTER AND CRAB LICENSEES**

Legislation was passed in 2011 which resulted in a change to the eligibility requirements for limited access commercial or limited commercial lobster and crab licenses in New Hampshire.

Beginning January 1, 2012, those eligible for commercial (1200-traps) or limited commercial (600-traps) lobster and crab licenses must do one of the following *each year* in order to maintain their limited access license eligibility in subsequent years:

1. Purchase the commercial or limited commercial license *annually* which they are eligible for; or,
2. File a notarized affidavit with the NH Fish and Game Department *annually* stating the intent to remain eligible for the license in the subsequent year. *The affidavit must be delivered to the Department or postmarked on or before June 30.*

*Failure to comply with the above will result in the loss of eligibility for the commercial or limited-commercial lobster and crab license.*

Exceptions to the above requirements are:

1. Active duty military personnel stationed outside of New Hampshire may submit duty orders and a written request to the Executive Director for an exemption from the requirements for the year(s) they are stationed outside of the state; and
2. Those prohibited from purchasing a lobster and crab license for the entire calendar year due to court conviction for marine fisheries violations.

The Lobster and Crab License application and a copy of the affidavit form can be found online at [www.FishNH.com](http://www.FishNH.com). If you have any questions, please feel free to call me or Cheri Patterson at 603-868-1095.

Sincerely,

Douglas Grout  
Chief of Marine Fisheries

#### **REGION 1**

629B Main Street  
Lancaster, NH 03584-3612  
(603) 788-3164  
FAX (603) 788-4823  
email: [reg1@wildlife.nh.gov](mailto:reg1@wildlife.nh.gov)

#### **REGION 2**

PO Box 417  
New Hampton, NH 03256  
(603) 744-5470  
FAX (603) 744-6302  
email: [reg2@wildlife.nh.gov](mailto:reg2@wildlife.nh.gov)

#### **REGION 3**

225 Main Street  
Durham, NH 03824-4732  
(603) 868-1095  
FAX (603) 868-3305  
email: [reg3@wildlife.nh.gov](mailto:reg3@wildlife.nh.gov)

#### **REGION 4**

15 Ash Brook Court  
Keene, NH 03431  
(603) 352-9669  
FAX (603) 352-8798  
email: [reg4@wildlife.nh.gov](mailto:reg4@wildlife.nh.gov)



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

MAR1503C.indd/REV. 10/18  
 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) to take lobster and crab.

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

All licensees shall be required to report their catch and effort data on a monthly basis.

|  | 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. Please include a copy of your driver's license and boat registration.**

Legal Name of Applicant:

|  |            |          |   |
|--|------------|----------|---|
| LAST NAME (plus suffix)                    | FIRST NAME | MI       | MAIDEN NAME (if applies)                  |
| STREET ADDRESS                             |            |          | ( )<br>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: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye: \_\_\_\_\_ Hair: \_\_\_\_\_  
MONTH/DAY/YEAR

**Vessel/Boat Information:** State of Registration \_\_\_\_\_  
 Vessel Owner (if not same as above): ( )  
 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            |

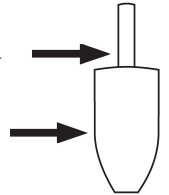
Vessel Length: \_\_\_\_\_ Year Built: \_\_\_\_\_ Crew Size: \_\_\_\_\_ Gross Tons\*\*\*\*: \_\_\_\_\_  
 Net Tons\*\*\*\*: \_\_\_\_\_ Horsepower\*\*\*\*: \_\_\_\_\_ Hold Capacity (in Tons)\*\*\*\*: \_\_\_\_\_  
 \*\*\*\*Complete for Federal documented vessels only.

### Color Marking of Buoys and on Boat:

Indicate color markings on buoy illustration at right.

Spindle Colors: \_\_\_\_\_

Barrel Colors: \_\_\_\_\_



**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, \_\_\_\_\_.**

Please enclose a 4" x 9-1/2", self-addressed, stamped envelope.

WHITE - Business Office Copy

YELLOW - Region 3 Copy



STATE OF NEW HAMPSHIRE  
FISH AND GAME DEPARTMENT

AFFIDAVIT

*This must be completed annually and postmarked by June 30 each year.*

Submitted to indicate the qualified lobster license holder intends to remain eligible to purchase a New Hampshire commercial (1200-trap) or limited commercial (600-trap) lobster and crab license in the future.

\_\_\_\_\_  
Last Name                                      First Name                                      MI                                      Suffix

\_\_\_\_\_  
Mailing Address                                      City                                      ST                                      Zip

(\_\_\_\_\_) \_\_\_\_\_                                      \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Phone Number                                      Date of Birth

License Type: Commercial/ Limited Commercial (*Circle One*)

\_\_\_\_\_  
License #

*I swear that I intend to remain eligible for the commercial or limited commercial lobster license for the current year. I further swear all statements on this document are true. Supplying false information on this document will result in revocation of eligibility issued.*

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

Notary Public:

State of New Hampshire  
County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_ day of \_\_\_\_ by \_\_\_\_\_ (name(s) of person(s)).

\_\_\_\_\_  
(Signature of notarial officer)  
Notary Public, State of New Hampshire

My commission expires \_\_\_\_\_  
RSA 456-B:8, IV.

|                         |               |
|-------------------------|---------------|
| For Department Use Only |               |
| _____<br>Received by    | _____<br>Date |