



NEW JERSEY DIVISION OF  
**Fish and Wildlife**  
Marine Fisheries Administration

**APPLICATION  
FOR  
NON-COMMERCIAL CRAB POT LICENSE**

**APPLICATION FEE: \$2.00**

Calendar Year \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Phone No. \_\_\_\_\_  
**Required By Public Law 1998 C1)**

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

**Please make check or money order payable to: STATE OF NEW JERSEY**

**Completed applications can only be sent to one of the three offices listed below:**

**NJ F&W – Crab Pot Lic.  
PO Box 418  
Port Republic, NJ 08241-0418**

**OR**

**NJ – F&W – Crab Pot Lic.  
PO Box 432  
Port Norris, NJ 08349-0432**

**NJ Child Support Certification Form**  
**(Required by Child Support Program Improvement Act, N.J.S.A. 2A:17-56.7a, et seq.)**

Hunters and anglers are required to complete a Child Support Certification when purchasing a NJ hunting, fishing or shellfish license or related permit.

\*Social Security Number \_\_\_\_\_ Calendar Year 20\_\_\_\_\_

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation?  yes  no
  - (1) If "Yes" are you in arrears in payment of said obligation?  yes  no
  - (2) If "Yes" does the arrearage match or exceed the total amount payable for the past six months?  yes  no
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months?  yes  no
- c. Have you failed to respond to a subpoena related to either paternity or child-support proceeding?  yes  no
- d. Are you the subject of a child-support related arrest warrant?  yes  no

In accordance with N.J.S.A. 2A:17-56.44d, an answer "Yes" to any of the questions "a (2)" through "d" will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including but not limited to, immediate revocation or suspension of licensure or certification.

Date \_\_\_\_\_  
Applicant's Name (please Print) \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

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**Agency Use:**  
**License Type** \_\_\_\_\_ **Number** \_\_\_\_\_

\* Pursuant to N.J.S.A. 2A17-56.44e. of the New Jersey Child Support Enforcement Law, the Division of Fish and Wildlife is required to obtain your Social Security Number. The Division is further obligated to provide your Social Security Number to the Probation Division or other agency responsible for child support enforcement.