NEW JERSEY DIVISION OF FISH AND WILDLIFE
Bureau of Marine Fisheries
PO Box 418
Port Republic, New Jersey 08241
Phone: (609) 748-2020
Visit our Division Website: www.njfishandwildlife.com

POSESSION IN EXCESS OF DAILY LIMIT VESSEL LICENSE APPLICATION

LICENSE YEAR: _______________

BUSINESS/CORPORATION: __________________________________________________________

INDIVIDUAL and/or OWNER: _______________________________________________________

IF License will be issued to an individual’s name or owner’s name:

Gender _____ Hair Color _____ Eye Color _____ Height _____ Weight _____ Date of Birth __________

**E-MAIL ADDRESS (REQUIRED): ___________________________________________________

SS# or EIN#: ________________________________________________________________

DAY PHONE #: ______________________________________ CELL PHONE #: ______________________

STREET ADDRESS: __________________________________________________________________

CITY, STATE & ZIP: _________________________________________________________________

**VESSEL NAME (REQUIRED): __________________________________ VESSEL LENGTH: _______ HSP: _______

VESSEL DOC/STATE REGISTRATION # __________________________________ NMFS PERMIT #: _________________

CID # __________________________________ GEAR/BMFID #: _______________________________

** Your CID and/or GEAR/BMFID # does not need to be filled out unless you know it.

<table>
<thead>
<tr>
<th>Name of License</th>
<th>Quantity</th>
<th>Price</th>
<th>DEP USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possession In Excess of Daily Limit Vessel License</td>
<td>1</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$200.00</td>
<td></td>
</tr>
</tbody>
</table>

SPECIES POSSESSED IN EXCESS ON VESSEL (click one below)

- [ ] SUMMER FLOUNDER
- [ ] BLACK SEA BASS
- [ ] SUMMER FLOUNDER and BLACK SEA BASS

INSTRUCTIONS AND ITEMS THAT MUST BE INCLUDED WITH THIS COMPLETED APPLICATION:

1. Include a copy of your Species Landing Permit(s) from other states for each species you intend to possess in excess of the daily limit.
2. Commercial Harvester Trip Reports must be up to date.
3. Include Check or Money Order made out to the STATE OF NEW JERSEY for $200.00.
4. Mail completed application to the above address.
5. READ and INITIAL the following and sign and date the application:
6. Fill out, sign and date the SUPPLEMENTAL LICENSE APPLICATION.
This license is VALID January 1 – April 30 and September 1 – December 31.

Any vessel operating under a Possession in Excess of Daily Limit Vessel License shall have an operational Global Positioning System based vessel monitoring technology, approved by the National Marine Fisheries Service, and the commissioner, which allows the tracking of a vessel’s location remotely.

Violations relating to the Possession in Excess of Daily Limit Vessel License shall be subject to the penalties as provided in N.J.S.A 23:2B-14 which may include the suspension or revocation of the license. If a New Jersey summer flounder or black sea bass permit is suspended or revoked, then the Possession in Excess of Daily Limit Vessel License shall also be suspended or revoked for the same period.

Required notifications under the Possession In Excess of Daily Limit Vessel License shall be made utilizing njdfwcommercialnotify@dep.nj.gov or by calling (609) 748-2050.

If you should have an questions regarding this license or application please call the New Jersey Division of Fish and Wildlife office at 609-748-2020.

The Possession in Excess of Daily Limit Vessel License is nontransferable.

INITIAL: _______

I certify under penalty of law the information provided in this document is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate, or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true.

SIGNATURE: __________________________________________ DATE: __________________________

SUPPLEMENTAL LICENSE APPLICATION

Child Support Certification Form

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 (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

* 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.