

CID# _____

DL EXP _____



NEW JERSEY SHELLFISH / REC CRAB POT / NON-COMM. DREDGE LICENSE APPLICATION

Make Check or Money Order Payable to: State of New Jersey

Mail to:

Bureau of Shellfisheries
 PO Box 418
 Port Republic, NJ 08241
 Phone: 609-748-2040

License Year _____

- Resident **Commercial** Shellfish License* \$ 50.00
- Non-Resident **Commercial** Shellfish License \$250.00

- Resident **Recreational** Shellfish License* \$ 10.00
- Non-Resident **Recreational** Shellfish License \$ 20.00
- Juvenile **Recreational** Shellfish License (Under 14 years of age)
 - Resident* \$ 2.00
 - Non-Resident \$ 2.00

- Resident **Senior** Citizen Recreational Shellfish License* (For individuals 62 years of age and older) \$ 2.00

- Non-Commercial **Recreational** Crab Pot \$ 2.00
- Non-Commercial Crab Dredge \$ 15.00
- DUPLICATE LICENSE (FOR ANY OF ABOVE) \$ 2.00

Name of Applicant _____

Street Address _____

City _____ State _____ Zip _____

Day Phone # _____ Cell Phone # _____

Email address: _____

Gender _____ Hair Color _____ Eye Color _____

Height _____ Weight _____ Birth Date _____

Social Security No. _____ **(Required by Public Law, 1998, Chapter 1)**

Is your shellfish license revoked in this or any other state? YES NO

Signature of Applicant **Date** _____

*****PLEASE INCLUDE THE FOLLOWING REQUIRED DOCUMENTS:*****

- *A COPY OF YOUR DRIVER'S LICENSE AS PROOF OF RESIDENCY/IDENTIFICATION***
- *SUPPLEMENTAL LICENSE APPLICATION
- *HARVERSTER TRAINING CERTIFICATION (commercial licenses)
- *COMPLETION OF THE CERTIFICATION OF RESIDENCY (ALL *RESIDENT* SHELLFISH LICENSES)**
- (SEE REVERSE FOR ABOVE)**

The Office of the Attorney General highly recommends completion of the Child Support Certification online using the secure Division website, listed below. If that is not possible, please complete this application and include with your documents when purchasing your Shellfisheries License.

www.nj.wildlifelicense.com

SUPPLEMENTAL LICENSE APPLICATION
Child Support Certification Form

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 (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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* 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.

HARVESTER TRAINING CERTIFICATION (COMMERCIAL LICENSES)

Prior to harvesting, **commercial shellfish** harvesters must complete required training available at: <https://www.nj.gov/dep/bmw/>. By signing below, you certify that you have been informed by a DEP representative of the required training. Harvester shall produce certificate of training upon request by NJDEP representatives.

Date	Signature
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The below is REQUIRED if you are purchasing a license from the following list:

- *Resident Commercial Shellfish License
- *Resident Recreational Shellfish License
- *Resident Juvenile Recreational Shellfish License
- *Resident Senior Citizen Recreational Shellfish License

CERTIFICATION OF RESIDENCY

I CERTIFY THAT I AM LEGALLY DOMICILED WITHIN THE STATE OF NEW JERSEY AS OF THIS DATE AND HAVE NO OTHER DOMICILE. I UNDERSTAND THAT MERE SEASONAL OR TEMPORARY RESIDENCE WITHIN THE STATE DOES NOT CONSTITUTE DOMICILE. I FURTHER CERTIFY UNDER PENALTY OF LAW THAT 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 OF APPLICANT: _____ **DATE:** _____