APPLICATION FOR PERMIT TO USE MECHANICAL GEAR

For Harvesting Shellfish on Shellfish Leases and Franchises

Individual Participant Information:

First Name	M	Last Name	Sf	Date of Birth	Email

Address	City, State	Zip	Phone #

Business Participant Information: Business Name	Business Agent Name (First, MI, Last)

Lease/Franchise#	**Location**	**County**

Vessel Registration Number(s) <u>or</u> Commercial Fishing Vessel Registration <u>or</u> USCG Documentation Number(s) (up to three)

(1) _____ (2) _____ (3) _____

Operator Information (All operators must have a valid SCFL/RSCFL with shellfish endorsement):

Name (First, MI, Last)	**Date Of Birth**	**Telephone**	**Fisheries License #**

Proposed Gear:

<u>For Harvesting Oysters</u>

( ) Oyster Dredge ( ) Patent Tongs
( ) Power Rake
( ) Other: _____

<u>For Harvesting Clams</u>

( ) Hydraulic Escalator ( ) Kicking-With Clam Trawl ( ) Other:
( ) Hydraulic Pump ( ) Kicking-Without Clam Trawl
( ) Clam Dredge ( ) Stick (Power) Rake _____

_____ _____
Signature of Permittee Date