



# State of New Jersey

## DEPARTMENT OF ENVIRONMENTAL PROTECTION

### FISH & WILDLIFE

#### MARINE RESOURCES ADMINISTRATION

JOSEPH A. CIMINO, ADMINISTRATOR

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P.O. Box 418

Port Republic, NJ 08241

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<https://dep.nj.gov/njfw/>

**PHILIP D. MURPHY**

*Governor*

**TAHESHA L. WAY**

*Lt. Governor*

**SHAWN M. LATOURETTE**

*Commissioner*

## **APPLICATION INSTRUCTIONS**

**NJ Fish and Wildlife monitors the commercial quotas for black sea bass, summer flounder and scup through the Standard Atlantic Fisheries Information System (SAFIS). This reporting method is in compliance with N.J.A.C. 7:25-18.12(b), (h), (i), and (k).**

**Failure to submit these required reports could result in your dealership receiving a summons for the offense. This summons will require a mandatory court appearance and has a penalty range of between \$300 and \$3000, N.J.S.A. 23:2B-14, and could ultimately result in revocation of the dealer permits.**

Any fish dealer or processor who wishes to purchase or accept black sea bass, summer flounder, or scup from any vessel or harvester in New Jersey must apply for and have in his possession a valid New Jersey (species appropriate) Dealer Permit.

1. Sign and date the application. Please include a check or money order made payable to the "State of New Jersey", the fee is \$2.00 per permit.
2. Mail to: NJ Dealer Permit  
P.O. Box 418  
Port Republic, NJ 08241
3. Please note that there are mandatory reporting requirements associated with each New Jersey Dealer Permit. You will receive reporting instructions along with your permit.

**Incomplete applications will be returned.**



NJFW- Nacote Creek Research Station  
PO Box 418  
Port Republic, NJ 08241  
Phone: (609) 748-2020  
[njmarinefisheries@dep.nj.gov](mailto:njmarinefisheries@dep.nj.gov)

NJFW- Delaware Bay Office  
1672 E. Buckshutem Rd.  
Millville, NJ 08332  
Phone: (856) 785-0730  
[delbayoffice@dep.nj.gov](mailto:delbayoffice@dep.nj.gov)



**APPLICATION FOR NEW JERSEY  
SUMMER FLOUNDER, BLACK SEA BASS, AND/OR SCUP  
DEALER PERMIT**

BUSINESS/INDIVIDUAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EIN OR SS# \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

NEW JERSEY DEALER PERMITS REQUESTED:

NJ SUMMER FLOUNDER DEALER PERMIT	YES	NO
Federal Summer Flounder Dealer Permit Number _____		
NJ BLACK SEA BASS DEALER PERMIT	YES	NO
Federal Black Sea Bass Dealer Permit Number _____		
NJ SCUP DEALER PERMIT	YES	NO

NAME OF AUTHORIZED BUSINESS REPRESENTATIVE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Return completed application to: New Jersey Dealer Permit  
NJFW- Nacote Creek Research Station  
P.O. Box 418  
Port Republic, NJ 08241

**There is a \$2.00 application fee per permit. Please include payment with your application.**

\*\*\*\*\*INTEROFFICE USE ONLY\*\*\*\*\*

Date Received: \_\_\_\_\_ Permit No: \_\_\_\_\_ BMFID#: \_\_\_\_\_ Issued By: \_\_\_\_\_



## **NEW OWNER INFORMATION**

Due to a new licensing program, we are unable to complete your transaction without the requested information about the owner of the corporation or company.

CORPORATION: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DAY PHONE#: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

**E-MAIL ADDRESS\*\* REQUIRED\*\*** \_\_\_\_\_

SS# or EIN#: \_\_\_\_\_ GENDER: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

EYE COLOR : \_\_\_\_\_ HEIGHT : \_\_\_\_\_ WEIGHT : \_\_\_\_\_

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

## **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

Pursuant to N.J.S.A. 2A:17-56.44e, of the New Jersey Child Support Enforcement Law, the NJDEP Fish and Wildlife is required to obtain your Social Security Number. The NJDEP is further obligated to provide your Social Security Number to the Probation Division or other agency responsible for child support enforcement.

