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APPLICATION FOR A CHANGE OF ADDRESS/E-MAIL ADDRESS/NAME

1. INFORMATION

LAST NAME		FIRST NAME	M.I.	CORPORATE NAME	
_____		_____		_____	
LAST NAME CHANGE					
NEW STREET ADDRESS				MAILING ADDRESS (if different)	
NEW CITY/TOWN				CITY/TOWN	
COUNTY	STATE	ZIP CODE	COUNTY	STATE	ZIP CODE
TELEPHONE (daytime) ()			Email Address ()		
DATE OF BIRTH			CID#		

2. PLEASE INDICATE WHAT LICENSES, PERMITS OR LOTTERIES YOU ARE AFFILIATED WITH

- ☐ Commercial Marine Licenses
- ☐ Recreational Marine Licenses
- ☐ Menhaden Licenses
- ☐ Shellfish Licenses
- ☐ Shellfish Leases
- ☐ Species Permits
- ☐ Dealer Permits
- ☐ Fillet at Sea Permit
- ☐ Lottery/Information Lists (Please check off which you are on)
- ☐ Crab Pot ☐ Lobster/Fish/Conch ☐ AC Crab Dredge ☐ DB Crab Dredge ☐ DB Gill Net waiting list

3. APPLICANT'S SIGNATURE

I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE.

DATE

SIGNATURE OF APPLICANT

**Include documentation supporting this change of address.
There is a \$2.00 per license charge for *reprinting* a document.**