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DUPLICATE LICENSE APPLICATION

1. INFORMATION				
LAST NAME		FIRST NAME	M.I.	CORPORATE NAME (if applicable)
ADDRESS				DATE OF BIRTH (required)
CITY/TOWN				SSN#
COUNTY	STATE	ZIP CODE	CID#	
TELEPHONE (daytime) ()				GEAR ID#
CELL PHONE ()				EMAIL ADDRESS
2. PLEASE INDICATE CATEGORY OF LICENSE AND SPECIFY TYPE OF LICENSE				
☐ Commercial Marine Licenses ☐ Recreational Marine Licenses ☐ Menhaden Licenses ☐ Shellfish Licenses ☐ Species Landing Permits ☐ Dealer Permits ☐ Filet at Sea Permit Specify type(s): _____ Specify type(s): _____ Specify type(s): _____ Specify type(s): _____ Specify type(s): _____ Specify type(s): _____				
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		

Revised 02/29/24

*****Please include proof of identification (copy of driver license or non-driver ID).**

There is a \$2.00 per license charge for *duplicating* a license/permit. Please mail to either office above***