



N.H. FISH & GAME DEPARTMENT
 11 Hazen Drive, Concord, NH 03301
 (603) 271-3421
 FishNH.com

MAR1303F.indd
 REV. 05/22
 FOR OFFICE USE ONLY
 License # _____
 Date Issued _____

APPLICATION FOR SALTWATER FISHING VESSELS

(RSA 214:9 XVI)

To provide recreational saltwater fishing opportunities for persons taking finfish from coastal or estuarine waters.
 This license is issued to an individual.

FOR HIRE VESSEL:

CHARTER BOAT
 (6 or fewer passengers)

\$51.00

PARTY BOAT

\$101.00

**Each Year Applicants MUST: Complete an application, and provide a copy of their Boat Registration.
 TYPE OR PRINT CLEARLY - Must be completed in full.**

Applicant's Information:

LAST NAME (plus suffix)	FIRST NAME	MI	MAIDEN NAME (if applicable)	/ / D.O.B
BUSINESS NAME			() HOME OR PERSONAL CELL PHONE NUMBER	
BUSINESS ADDRESS			() BUSINESS PHONE NUMBER	
CITY	STATE	ZIP CODE	COUNTRY	

Please check here if you would like your business name, location and phone number listed on the NH Fish and Game website.

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY	STATE	ZIP CODE	COUNTRY
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Vessel Information:

VESSEL NAME	STATE REGISTRATION # OR COAST GUARD #	PRINCIPAL PORT
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Vessel Length: _____ Licensed capacity: _____

Vessel Owner/Business Information:

(if not same as above): _____
 HOME OR PERSONAL CELL PHONE NUMBER

LAST NAME (plus suffix)	FIRST NAME	MI	MAIDEN NAME (if applicable)	/ / D.O.B.
STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTRY	

EMAIL ADDRESS _____

Voluntary Information:

MONTHS OF OPERATION _____ WEBSITE _____

Vessel Operator:

If more than one operator, attach a list with each operators name, address, D.O.B and phone #.

LAST NAME (plus suffix)	FIRST NAME	MI	MAIDEN NAME	/ / D.O.B.
STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTRY	

MAILING ADDRESS _____

CITY STATE ZIP CODE COUNTRY

()
 HOME OR PERSONAL CELL PHONE NUMBER

Sportsperson statement: I certify that my privileges to fish, guide, take or land lobsters, or engage in commercial marine fishing activities are not under suspension or revocation in any state or province (RSA 214:18b) and further certify that I am aware that any conviction of certain felonies in any state or province prohibits the possession of a firearm or other dangerous weapon.

APPLICANT'S SIGNATURE _____

APPLICANT'S NAME (PLEASE PRINT) _____

LICENSE EXPIRES DECEMBER 31, _____.