

**NEW JERSEY DIVISION OF FISH & WILDLIFE**  
**2007 Mail-In Striped Bass Bonus Program**  
**Individual Participant Application and**  
**Child Support Application\***

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Number and Street

City State Zip Code

County \_\_\_\_\_

\*Social Security # \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_  
Area Code Number

\* Required for processing application.

MAIL COMPLETED FORM TO: Division of Fish and Wildlife  
Striped Bass Bonus Program  
P.O. Box 418  
Port Republic, NJ 08241

**YOU MUST ENCLOSE A SELF-ADDRESSED, STAMPED, #10 BUSINESS ENVELOPE FOR EACH APPLICANT TO RECEIVE ONE FISH POSSESSION PERMIT.**

**Applications will be processed in the order of receipt OR  
go to [www.wildlifelicense.com](http://www.wildlifelicense.com) for same-day issuance of permits.**

The Division has developed a voluntary Bonus Program e-mail list for special notices, regulation updates, emergency closures, etc. Go to [njfishandwildlife.com](http://njfishandwildlife.com) and click on "E-mail Lists" to subscribe to the "Marine Fisheries" list.

<b>DIVISION OF FISH &amp; WILDLIFE USE ONLY</b>	
Fish Possession Permit # Issued _____	Duplicate Check _____
Date Mailed to Applicant _____	Initials _____

**SUPPLEMENTAL LICENSE APPLICATION**  
**Child Support**

\*Social Security Number \_\_\_\_\_

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 \_\_\_\_\_

**Agency Use:**

**License Type** \_\_\_\_\_ **Number** \_\_\_\_\_

\* Pursuant to N.J.S.A. 2A17-56.44e. of the New Jersey Child Support Enforcement Law, the Division of Fish and Wildlife is required to obtain your Social Security Number. The Division is further obligated to provide your Social Security Number to the Probation Division or other agency responsible for child support enforcement.