



NEW JERSEY DIVISION OF
Fish and Wildlife

BUREAU OF SHELLFISHERIES

NEW JERSEY LICENSE APPLICATION

Make Check Payable to: State of New Jersey

Mail to: Bureau of Shellfisheries
PO Box 418
Port Republic, NJ 08241
609-748-2040

(Located on Route 9, Mile Marker 51,
Port Republic, NJ)

- Resident Commercial Shellfish License* \$ 50.00
- Non-Resident Commercial Shellfish License \$250.00
- Resident Recreational Shellfish License* \$ 10.00
- Non-Resident Recreational Shellfish License \$ 20.00
- Juvenile Recreational Shellfish License – Resident* \$ 2.00
- Under 14 years of age** Non-Resident \$ 2.00
- Resident Senior Citizen Recreational Shellfish License* \$ 2.00
- Non-Commercial Crab Pot \$ 2.00

Name of Applicant _____

Address _____

City _____ State _____

Zip Code _____ Telephone No. _____
Area Code _____

Birth Date _____ Height _____ Weight _____

Eyes _____ Hair _____ Sex _____

Social Security No. _____ (Required By Public Law, 1998, Chapter 1)

Is your shellfish license revoked in this or any other state? _____

Signature of Applicant Date _____

***PROOF OF RESIDENCY AND COMPLETION OF THE CERTIFICATION OF RESIDENCY (ON REVERSE) IS REQUIRED FOR ALL RESIDENT SHELLFISH LICENSES. ENCLOSE A COPY OF NEW JERSEY DRIVER'S LICENSE FOR PROOF OF RESIDENCY.**



NEW JERSEY DIVISION OF
Fish and Wildlife

BUREAU OF SHELLFISHERIES
CERTIFICATION OF RESIDENCY

NAME: _____

ADDRESS: _____

CITY: _____ **STATE: NJ ZIP** _____

SOCIAL SECURITY# _____

DATE OF BIRTH: _____

TELEPHONE #: _____

I CERTIFY THAT I AM LEGALLY DOMICILED WITHIN THE STATE OF NEW JERSEY AS OF THIS DATE AND HAVE NO OTHER DOMICILE. I UNDERSTAND THAT MERE SEASONAL OR TEMPORARY RESIDENCE WITHIN THE STATE DOES NOT CONSTITUTE DOMICILE. I FURTHER CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT CIVIL PENALTIES FOR KNOWINGLY SUBMITTING FALSE, INACCURATE OR INCOMPLETE INFORMATION AND THAT I AM COMMITTING A CRIME OF THE FOURTH DEGREE IF I MAKE A WRITTEN FALSE STATEMENT WHICH I DO NOT BELIEVE TO BE TRUE.

Signature of Applicant: _____

Date: _____

SUPPLEMENTAL LICENSE APPLICATION
Child Support

License Type (circle one) **Marine Licenses** **Shellfish** **Rec. Crab** 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. 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.