



N.H. FISH & GAME DEPARTMENT  
 Region 3, 225 Main St.  
 Durham, NH 03824-4723  
 (603) 868-1095

Permit No. \_\_\_\_\_

## New Hampshire Coastal/Estuarine Waters Harvest Application/Permit

Complete and Return to: New Hampshire Fish and Game, Region 3, 225 Main St., Durham, NH 03824-4732. Please Print in Ink. All applications must be complete or will be returned. The Executive Director may, however, request additional clarification on any permit application. A permit is required by the person responsible for the fishing gear on the days in which the gear is operated.

Under the requirements of Fis 609.01, application is hereby made to harvest finfish, horseshoe crabs and American eels from coastal and estuarine waters of New Hampshire.

**Permittee Information:**

Name of Applicant \_\_\_\_\_  
(Last Name) (Suffix) (First Name) (Middle Initial) (Maiden name if applicable)

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Street Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(If different from above) (City) (State) (Zip)

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
(optional) (optional)

**Vessel/Boat Information:**

Vessel Owner (if not same as above): \_\_\_\_\_ Crew Size \_\_\_\_\_ State of Registration \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Vessel Name \_\_\_\_\_ State Registration # or Coast Guard # \_\_\_\_\_

Street Address of Owner \_\_\_\_\_ National Marine Fisheries Federal Permit # \_\_\_\_\_ Principal Port \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Hull ID # \_\_\_\_\_ Hull Construction Material \_\_\_\_\_

Vessel Length: \_\_\_\_\_ Year Built: \_\_\_\_\_ Gross Tons\*\*: \_\_\_\_\_ Net Tons\*\*: \_\_\_\_\_ Horsepower\*\*: \_\_\_\_\_ Hold Capacity (in Tons)\*\*: \_\_\_\_\_  
 \*\*Complete for Federal Documented Vessels Only.

**Activity Information: Check months to be fished. Reporting will be required and permit will be valid ONLY during checked months.**

January     February     March     April     May     June  
 July     August     September     October     November     December

**Fishing Information: (Check all gear to be used during the entire year.)**

Method <small>(see back)</small>	# each	Size <small>(see back)</small>	Locations <small>(list all)</small>	Species Sought <small>(list all)</small>
<input type="checkbox"/> Gill Net <small>(length/height/mesh)</small>				
<input type="checkbox"/> Cast Net <small>(diameter/mesh)</small>				
<input type="checkbox"/> Dip Net <small>(Diameter of rim/depth/mesh)</small>				
<input type="checkbox"/> Minnow trap <small>(length/ diameter/hole size/mesh)</small>				
<input type="checkbox"/> Eel Pot <small>(length/ diameter/hole size/mesh)</small>				
<input type="checkbox"/> Other <small>(specify on back)</small>				

**THIS SECTION MUST BE SIGNED BY ALL PERMIT HOLDERS**

I hereby certify that the above information is true and correct. (Permittee subject to the penalties for making unsworn false statements under RSA 641:3)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

Do not write in this box.

Authorized by Executive Director (signature):

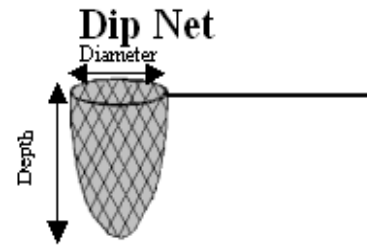
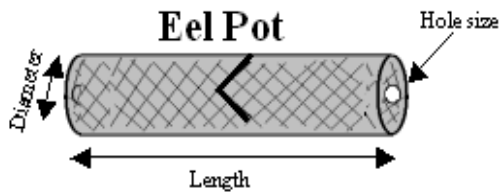
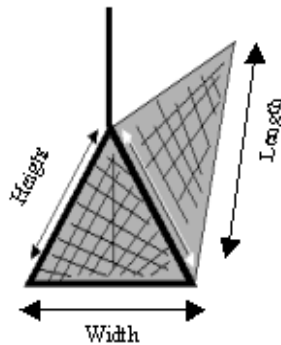
Date of Issue \_\_\_\_\_ Expires \_\_\_\_\_

Time of Issue \_\_\_\_\_

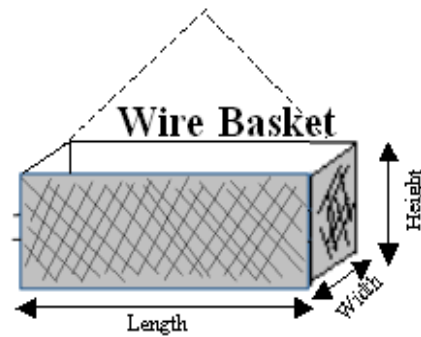
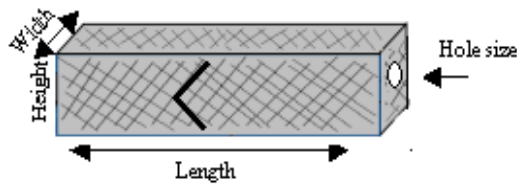
Revised 3/2/18

Measurements needed for type of harvest gear. Include mesh size for all.

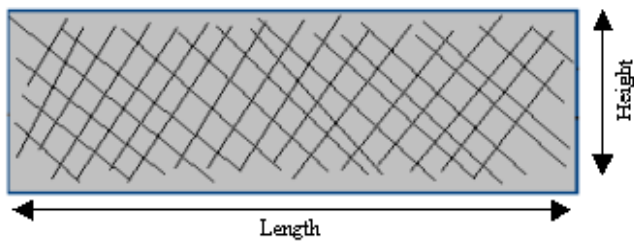
**Bow Net**



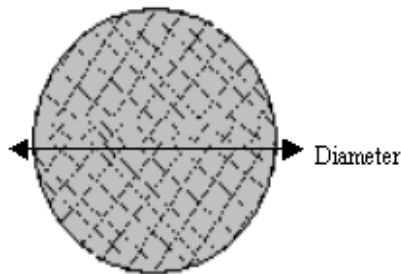
**Minnow/Bait/Fish Trap**



**Gill Net or Seine**



**Cast Net**



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Description if other than above: (measurements are needed)

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