

MAR1002G.indd / REV. 05/22
FOR OFFICE USE ONLY
License #
Date Issued

NEW HAMPSHIRE COMMERCIAL CLAM LICENSE APPLICATION

(RSA 211:62-d; Fis 1105.02, 1110.09)

Price \$300.00

To commercially harvest or take the following from ocean waters within the jurisdiction of the state: Black Clams (*Cyprina islandica*), Sea Clams (*Spisula solidissima*), and razor clams (*Enis directus*). No such person authorized by this section to take such clams may take more than 500 bushels of unshucked clams daily. This license is issued to an individual.

Applicant must be a resident of New Hampshire and provide a copy of their valid <u>NH Driver's License</u> and <u>Boat Registration</u> with completed application, each year. TYPE OR PRINT CLEARLY - Must be completed in full.

Business:	Vessel/Boat:		
NAME OF BUSINESS	State of RegistrationPrincipal Port		
TWINE ST. BOOKES	Vessel Owner (if different from individual named at left):		
BUSINESS ADDRESS			
	LAST NAME (plus suffix)	FIRST NAME MI	
CITY STATE ZIP CODE COUNTRY			
	STREET ADDRESS OF OWNER		
FEDERAL TAX ID # DATE OF INCORPORATION			
BUSINESS TELEPHONE NUMBER	CITY STATE	ZIP CODE COUNTRY	
Individual: (Legal Name)	VESSEL NAME	STATE REGISTRATION # OR COAST GUARD #	
	HULL ID #	HULL CONSTRUCTION MATERIAL	
LAST NAME (plus suffix) FIRST NAME MI			
MAIDEN NAME (if applies)	FEDERAL MARINE FISHERIES PERMIT #		
STREET ADDRESS	Vessel Length: Year Built:	Crew Size: Gross Tons**:	
	Net Tons**: Horsepower**:	Hold Capacity (in Tons)**:	
CITY STATE ZIP CODE COUNTRY	**Complete for Federal documented vessels of	only	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	Complete for Federal documented vessels of	ошу.	
CITY STATE ZIP CODE COUNTRY			
Date of Birth: ()			
MONTH/DAY/YEAR HOME OR PERSONAL CELL PHONE NUMBER			
EMAIL ADDRESS			
LINE ABSTECC			
Height: Weight: Eye: Hair:			
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RESIDENT AFFIDAVIT:	ista matter a transmitter and the form	The constitution of the state o	
I certify that I am a resident of the State of New Hampshire and that I do not cl domicile. I hereby certify that the above information is true and correct. (Licensed	,		
Sportsperson statement: I certify that my privileges to fish, guide, take or land			
suspension or revocation in any state or province (RSA 214:18b) and further ce province prohibits the possession of a firearm or other dangerous weapon.	rtify that I am aware that any conviction	of certain felonies in any state or	
APPLICANT'S SIGNATURE	APPLICANT'S NAME (PLEASE PRINT)		
LICENSE EXPIRES DECEMBED 31			