STANDARD COMMERCIAL FISHING LICENSE (SCFL)
OR
RETIRED STANDARD COMMERCIAL FISHING LICENSE (RSCFL)
TRANSFER APPLICATION INSTRUCTIONS

This application is to be completed and signed by individuals who are transferring a Standard Commercial Fishing License. Both the Transfer-To and the Transfer-From participants are to complete, sign and notarize this application. Businesses requesting a license must have the Responsible Party (business agent) complete and sign the application. The Responsible Party is the person who coordinates, supervises or otherwise directs operations of a business entity, such as a corporate officer or executive-level supervisor of business operations and is the person responsible for use of the issued License in compliance with applicable laws and regulations. Individuals applying for a license for another under the authority of Power of Attorney must submit a PHOTOCOPY of the Power of Attorney and current picture identification.

Single vessel corporations must provide Master of the Vessel information. By doing this, single vessel corporations do not have to assign the Standard Commercial Fishing License, but if the Master of the Vessel changes, you must notify the Division with 5 days.

1. Transfer Requirements

A Standard Commercial Fishing License or Retired Standard Commercial Fishing License can only be transferred if both the Transfer-From and the Transfer-To have no current license suspensions or revocations.

If transferring is because of retirement from commercial fishing, the Transfer-From must submit evidence of retirement. Examples are:

A. Retirement
   1. Evidence of the transfer of all licensee’s SCFL/RSCFL.
   2. Sale of all licensees’ commercial fishing registered vessels.
   3. Discontinuation of any active involvement in commercial fishing.

B. In case of death of the license holder, the license can be transferred to the following:
   1. To the Administrator or Executor of the estate.
   2. From the Administrator or Executor of the estate to an immediate family member (mother, father, brother, sister, spouse, child, stepparent, stepbrother, stepsister, or stepchild of the deceased).
   3. From the immediate family member of the deceased to a third-party purchaser of the deceased licensee’s fishing vessel.

* The Administrator/Executor must provide a copy of the deceased licensee’s Death Certificate, a PHOTOCOPY of the Certificate of Administration and a list of eligible immediate family members to the Morehead City License Office.

The Standard Commercial Fishing or Retired Standard Commercial Fishing License Transfer Application must have the following:

2. Information on the Transfer-From to be completed on the application

A. Information on the Standard or Retired Commercial Fishing License (Transfer-From) holder:
   1. Participant Identification Number. This number is listed to the right of the word Participant # on your license.
   2. Standard or Retired Commercial Fishing License holder’s name (First, Middle, Last, Suffix).
   3. Standard or Retired Commercial Fishing License number to be transferred. This number is printed on the license to the right of the words Retired or Standard Commercial Fishing License.

B. Transfer of Landings History (check one only)
   1. At the time of transfer, the Transfer-From must indicate retainment or transfer of commercial fishery landings history associated with that SCFL or RSCFL.
   2. The Transfer-From can only retain the landings history if the Transfer-From holds an additional SCFL or RSCFL and must indicate the additional SCFL or RSCFL number to associate to landings. If the Transfer-To does not have an additional SCFL or RSCFL, the landings will be transferred to the Transfer-To.
   3. Transfer of landings history is all or none.
   * If select No, indicate the additional SCFL/RSCFL number that you have to associate the historical landings to.

C. Check one only (Reason for Transfer)
   1. Deceased – To Administrator/Executor
   2. Deceased – From Administrator/Executor to Immediate Family.
   3. Deceased – From Immediate Family to third-party purchaser of the deceased licensee’s fishing vessel.
4. Retirement from commercial fishing (must provide evidence – see above 1.A.)

5. Immediate family member – see family defined as above in 1.B.2

3. Information on the Transfer-To on the application

A. Individual applicants, Responsible Party (business agents) for business applicants must provide a PHOTOCOPY of one of the following current picture identifications:
   1. Driver’s License; or
   2. State Identification (issued by DMV); or
   3. Military Identification; or
   4. Passport; or
   5. Resident Alien Card (green card)

B. If you are applying as a business, you must provide
   1. If incorporated, a PHOTOCOPY of Articles of Incorporation and list of current corporate holders.
   2. If written agreement partnership, a PHOTOCOPY of written agreement.
   3. If not incorporated or written partnership, a PHOTOCOPY of current Assumed Name Statements, if filed, and a PHOTOCOPY of business privilege tax certificates, if applicable.

C. Endorsements (optional)
   1. Only individual North Carolina residents are eligible for the Shellfish Endorsement (Businesses are not eligible for the Shellfish Endorsement.)

D. Proof of Residency of Transfer-To
   If you have moved to the state of North Carolina and have resided within the state for 60 days to six months and consider North Carolina as your permanent residence, you are required to complete the Certification of Eligibility for North Carolina Residency/Domicile Form and provide a photocopy of one of the following documents:
   1. North Carolina Voter Registration Card; or
   2. North Carolina State Identification Card; or
   3. North Carolina Driver’s License; or
   4. Military Identification Card

E. The Transfer-To and Transfer-From participants sign the application.

F. Certification Statement Form For Transfers completed, signed and notarized by the Transfer-To and Transfer-From Applicant and notarized. Certification form (A) is for when both parties are present at a notary. Certification form (B) is for when both parties cannot be present at the same in front of one notary and a second notary is required.

G. Fees:
   1. The Transfer-To must pay a replacement fee of $10.00 AND
   2. The Transfer-To must pay the difference in fees between:
      a. When the Transfer-To, who is a non-resident, is being transferred a resident SCFL or RSCFL, he/she must pay the difference in fees of North Carolina and the non-resident state fees. Refer to the non-resident state fees for SCFL/RSCFL. It is recommended to visit or call a DMF License Office for the proper fees.

H. The Transfer-From is to surrender the SCFL/RSCFL to the NCDMF.
   You are required to notify the Division of Marine Fisheries of any address or residency changes within 30 days. Incomplete applications submitted without required documentation will be deemed incomplete and returned to you unprocessed. If vessel Master changes, you must file an updated application with the Division of Marine Fisheries within 5 days.

Mail to: NCDMF License Office PO Box 769 Morehead City, NC 28557

Application To Transfer Standard Commercial Fishing License (SCFL) or Retired Standard Commercial Fishing License (RSCFL)
Check One: □ Transfer SCFL and Endorsements  
(Shellfish endorsements can only be transferred to individual NC residents)  
□ Transfer RSCFL and Endorsement  
(Shellfish endorsements can only be transferred to individual NC residents)

**Information to be Completed by the Transfer-From**

<table>
<thead>
<tr>
<th>Participant I.D.</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
<th>SCFL/RSCFL Number to be Transferred</th>
</tr>
</thead>
</table>

LANDINGS TRANSFER (check one only)  
□ No- List SCFL/RSCFL number to associate landings  
□ Yes- (defaults to yes, if only have 1 SCFL/RSCFL)

**Reason for SCFL Transfer (must select one reason for transfer)**

□ Immediate Family Member  
□ Deceased – To Administrator/Executor  
□ Deceased – From Administrator/Executor to Immediate Family

□ Deceased – From Immediate Family to Third Party Purchases of Deceased Licensee’s Fishing Vessel  
□ Sale of Vessel  
□ Retirement from Commercial Fishing (must provide evidence)

**Information to be Completed by the Transfer-To**

**ENDORSEMENTS:** Shellfish YES/NO  
NC individual residents only, no businesses

**NC RESIDENCY:** (Check one)  
□ Non-resident – less than 60 days  
□ 60 days – 6 months  
□ Over 6 months  
State of Residency: ______  
Complete the Certification of Eligibility for NC Residency

Check one: □ Individual (complete the Individual Participant Information)  
□ Business Agent (complete the Business Participant Information and Individual Participant Information)

**Individual or Business Agent Participant Information**

<table>
<thead>
<tr>
<th>Participant I.D.</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

**Check One:**  
Driver’s License No. □  
State I.D. No. □  
Military I.D. No. □  
Resident Alien I.D. No. □  
Passport No. □

Number: ___________  
Expire Date: ___________

Date of Birth: ___/___/_____  
Primary Residence (State): _______  
E-Mail Address: ________

Race: _______  
Gender: _______  
Physical Address: ___________  
Mailing Address: ________  
□ Check if same as physical address

□ M / □ F  
Height: _______  
Weight: _______

Address 1: ____________________  
Address 1: ____________________

Address 2: ____________________  
Address 2: ____________________

Eye Color: _______  
Hair Color: _______{  
City: _______  State: _______  Zip: _______{  
City: _______  State: _______  Zip: _______{

County: _______  Country: _______{  
County: _______  Country: _______{

Home Phone: (_____) - _____-______  
Business Phone: (_____) - _____-______  
Fax: (_____) - _____-______  
Cellular Phone: (_____) - _____-______
Business Participant Information (This section must be completed for the application of a license for use by a business)

<table>
<thead>
<tr>
<th>Type of Business Entity (circle one): Corporation</th>
<th>Partnership</th>
<th>Sole Proprietorship</th>
<th>LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant I.D.</td>
<td>Business Name:</td>
<td>State of Incorporation:</td>
<td>Charter State:</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>Cellular Phone:</td>
<td>Home Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td>( ) -</td>
<td>( ) -</td>
<td>( ) -</td>
<td>( ) -</td>
</tr>
<tr>
<td>Business Owner Name (F, M, L)</td>
<td>Physical Address</td>
<td>Mailing Address</td>
<td>Check if same as physical address</td>
</tr>
<tr>
<td>Business Owner Name (F, M, L)</td>
<td>Address 1:</td>
<td>Address 1:</td>
<td></td>
</tr>
<tr>
<td>Business Owner Name (F, M, L)</td>
<td>Address 2:</td>
<td>Address 2:</td>
<td></td>
</tr>
<tr>
<td>Business Owner Name (F, M, L)</td>
<td>City: State: Zip:</td>
<td>City: State: Zip:</td>
<td></td>
</tr>
<tr>
<td>County: Country</td>
<td>County: Country</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Single Vessel Corporations Must Complete This Section With the Vessel Master’s Information

<table>
<thead>
<tr>
<th>Participant I.D.</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check One:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Expire Date</td>
<td>Date of Birth</td>
<td>Primary Residence</td>
<td>E-mail Address</td>
</tr>
<tr>
<td>Race:</td>
<td>Gender:</td>
<td>Physical Address</td>
<td>Mailing Address</td>
<td>Check if same as physical address</td>
</tr>
<tr>
<td>M / F</td>
<td></td>
<td>Address 1:</td>
<td>Address 1:</td>
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<tr>
<td>Height</td>
<td>Weight</td>
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<tr>
<td>Address 2:</td>
<td>Address 2:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Eye Color</td>
<td>Hair Color</td>
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<tr>
<td>City: State: Zip:</td>
<td>City: State: Zip:</td>
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<tr>
<td>County: Country</td>
<td>County: Country</td>
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</tr>
<tr>
<td>Home Phone:</td>
<td>Business Phone:</td>
<td>Fax:</td>
<td>Cellular Phone:</td>
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</tr>
</tbody>
</table>

PLEASE COMPLETE REQUIRED ECONOMIC SURVEY

Economic Survey (must be completed by Responsible Party)

At least 50% of income derived from commercial fishing?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Signature: \[\text{Transfer-To Signature Date}\] \[\text{Signature: Transfer-From Signature Date}\]

Must be signed to be valid

License Office, NCDMF, PO Box 769, 3441 Arendell St., Morehead City, NC 28557 (252) 726-7021 (800) 682-2632
(A) Standard Commercial Fishing License (SCFL) Transfer Certification Statement Form
(Must be completed, signed, and notarized for each transfer application by the Transfer-To and Transfer-From Participants)

I, ________________________________________, certify that I have the authority to transfer this license #__________________
currently issued in the name of __________________________________________________ (list name printed on the license).

☐ I certify I am transferring this SCFL or Retired SCFL to an immediate family member* of the licensee who is (what relation) __________ to the licensee.

*G.S. 113-168 defines immediate family as mother, father, brothers, sisters, spouse, children, stepparents, stepbrothers, stepsisters, and stepchildren.

☐ Death of a licensee: (choose one) 1) I certify that I am the Administrator or Executor of the deceased licensee’s estate OR
2) I am immediate family* and this SCFL or Retired SCFL is being transferred with the sale of the deceased licensee’s vessel with State Registration or USCG Documentation # __________

☐ Retirement of a licensee: I certify that I am retiring from commercial fishing and this SCFL or Retired SCFL is being transferred with the sale of my vessel with State Registration or USCG Documentation # _______________

Certification Statement (This section must be completed by the Transfer-To Participant)

I, _____________________________________________________________________, certify that:

1. All the information provided on this form and any supporting documentation provided is true, accurate, and complete. I understand that any false information or fraudulent disclosures may result in termination of appropriate licenses, permits and related documents, revocation or suspension of marine fisheries licensing and other privileges, and in possible criminal prosecution.

2. I am a resident of the State of: _______________

If claiming resident status in North Carolina, I certify further that (check one):

☐ I have been a legal resident for more than six months, or

☐ If domiciled in North Carolina between 60 days and six months, I have completed and submitted with this application a notarized Certificate of Eligibility for North Carolina Residency.

3. If accepting a Standard or Retired Standard Commercial Fishing License as a North Carolina Resident, I also certify that: (initial the appropriate entry)

________ I filed a North Carolina State Income Tax Return for the previous calendar or tax year.

________ I was not required to file a North Carolina State Income Tax Return for the previous calendar or tax year.

I understand if any question arises concerning the filing of a North Carolina State Income Tax Return, I may have to provide appropriate tax records, as requested by the Division of Marine Fisheries.

4. For commercial fishing licenses, permits, endorsements, or registrations:

a) I currently have no marine fisheries licenses, permits, endorsements, or registrations under suspension or revocation and the privilege to hold such licenses, permits, endorsements, or registrations is not revoked or suspended.

b) I have not been convicted of four or more violations in any jurisdiction related to state or federal law or regulations involving or related to marine or estuarine resources during the previous three years.

5. NC General Statute §113-221 requires the NC Division of Marine Fisheries to provide a current copy of the rules governing activities authorized by the license you are purchasing. You have the right to request a current rulebook in hardbound or electronic format.

6. If transfer is for a Standard or Retired Standard Commercial Fishing License with a Shellfish Endorsement, I affirm that I have received the required harvester training.

I understand that any false information or fraudulent disclosures may result in termination of appropriate licenses, permits and related documents, revocation or suspension of marine fisheries licensing and other privileges, and in possible criminal prosecution.

Date Signed: ____________________________ Date Signed: ____________________________

Signature of Transfer-To ____________________________ Signature of Transfer-From ____________________________

NOTARY (All new applications must be notarized)

State: ____________________________ County: ____________________________

Sworn to and Subscribed before me this ______ day of ____________________________, ____________________________

Notary Public: ____________________________ My Commission expires: ____________________________
(B) Certification Statement Form for Transfers (SCFL)
(Must be completed, signed, and notarized by the Transfer-To and Transfer-From Participants)

I, ________________________________________, certify that I have the authority to transfer this license #________________ currently issued in the name of ______________________________________________ (list name printed on the license).

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Transfer-To:                                                                                             Transfer-From:

Date Signed: ______________________________________  Date Signed: ______________________________________

Signature of Transfer-To ______________________________________

NOTARY
State: ____________________________
County: __________________________

I, ____________________________________, Notary Public, do hereby certify that ____________________________________ personally appeared before me this day, acknowledging to me that he/she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated. WITNESS my hand and seal, this the _______ day of ____________, 20__.

Notary Public ____________________________
My Commission Expires ______________________

Date Signed: ______________________________________

Signature of Transfer-From ______________________________________

NOTARY
State: ____________________________
County: __________________________

I, ____________________________________, Notary Public, do hereby certify that ____________________________________ personally appeared before me this day, acknowledging to me that he/she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated. WITNESS my hand and seal, this the _______ day of ____________, 20__.

Notary Public ____________________________
My Commission Expires ______________________