STANDARD COMMERCIAL FISHING LICENSE (SCFL) OR
RETIR ED STANDARD COMMERCIAL FISHING LICENSE (RSCFL)
RENEWAL OR REPLAC EMENT APPLICATION INSTRUCTIONS

Applications are to be completed and signed by individuals who are to be licensed. Businesses renewing 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 within 5 days.

Eligibility Requirements
Only licensees who held a SCFL or RSCFL can renew. A separate application must be fully completed for each SCFL or RSCFL renewed. You must be 65 years old to renew a RSCFL and it is not assignable. If you are 65 years old and wish to assign your license, you can convert it to a SCFL which is assignable. The RSCFL cannot be issued to businesses or single vessel corporations.

A. Individual applicants, Responsible Party (business agents) for business applicants, and the Vessel Master for single vessel corporations 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, PHOTOCOPY of Articles of Incorporation and list of current corporate holders.
   2. If written agreement partnership, PHOTOCOPY of written partnership agreement.
   3. If not incorporated or written partnership, PHOTOCOPY of current Assumed Name Statements, if filed, and PHOTOCOPY of business privilege tax certificates, if applicable.

C. Standard Commercial Fishing License / Retired Standard Commercial Fishing License Application must have the following information:
   1. Check one:
      a. Renewing
      b. Updating Current License and/or change of Vessel Master
      c. Replacing a Current License
   2. Standard Commercial Fishing License / Retired Standard Commercial Fishing License numbers. This number is printed on the license to the right of the words Retired or Standard Commercial Fishing License.
   3. Endorsements (optional)
      a. Only individual North Carolina residents are eligible for the Shellfish Endorsement (Businesses are not eligible for the Shellfish Endorsement).
      ◆ Information on the Vessel Master (if the Vessel Master changes, you are required to file an updated license application with the North Carolina Division of Marine Fisheries and will be charged a $12.50 replacement fee).

   4. Proof of Residency
      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: a. North Carolina Voter Registration card; or
      b. North Carolina State Identification card; or
      c. North Carolina Driver’s License; or
      d. Military Identification card.
5. Complete all the applicable Participant Information, including the participant identification numbers. This number is listed to the right of the word Participant # on your license.
6. If applying as a single vessel corporation, complete Vessel Master Information.
7. All surveys must be completed on the application.
8. Sign the Application.
9. Certification Statement Form completed, signed, and notarized.

D. Fees
See Commercial License and Permit Fee Sheet. If you need assistance please contact any NC DMF License Office or call (252) 726-7021 or (800) 682-2632.

E. Method of payment: Personal check, money order or Cashier check. Make payable to North Carolina Division of Marine Fisheries. There will be a $25.00 service charge for returned checks.

F. When using a vessel in conjunction with a Standard Commercial Fishing License / Retired Standard Commercial Fishing License, the vessel must have a Commercial Fishing Vessel Registration decal from the North Carolina Division of Marine Fisheries.

You are required to notify the Division of Marine Fisheries of any address 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: North Carolina Division of Marine Fisheries
License Office
PO Box 769
Morehead City, NC 28557
North Carolina Division of Marine Fisheries

Application for Renewal of Standard Commercial Fishing License (SCFL) or Retired Standard Commercial Fishing License (RSCFL)

Check one:  
- SCFL – no age restrictions, is assignable  
- RSCFL – 65 years or older, not assignable, not in business name

Check one:  
- Renew  
- Replace

SCFL/RSCFL Number (License number is printed on license)

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

NC RESIDENCY:  
- Non-resident – less than 60 days  
- 60 days – 6 months  
- Over 6 months

Complete the Certification of Eligibility for NC Residency

Circle one:  
- Individual (complete the Individual Participant Information)  
- Business Agent (complete the Business Participant Information and Individual Participant Information)

<table>
<thead>
<tr>
<th>Individual or Business Agent Participant Information</th>
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<tbody>
<tr>
<td><strong>Participant I.D.</strong></td>
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</tbody>
</table>
| Check One:  
- Driver’s License No.  
- State I.D. No.  
- Military I.D. No.  
- Resident Alien I.D. No.  
- Passport No.  |

<table>
<thead>
<tr>
<th><strong>Date of Birth</strong></th>
<th><strong>Primary Residence</strong></th>
<th><strong>Email Address</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/ / /</td>
<td>Address 1: Address 2:</td>
<td></td>
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</tbody>
</table>
| Race:  
- M / F  |
| Gender:  
- M / F  |
| Height | Weight |
| Address 1: Address 2: |
| Eye Color | Hair Color |
| City: State: Zip: |
| County: Country: |
| Home Phone: | Business Phone: | Fax: | Cellular Phone: |
| ( ) - | ( ) - | ( ) - | ( ) - |

Type of Business Entity (Circle One):  
- Corporation  
- Partnership  
- Sole Proprietorship  
- LLC

Business Participant Information (This section must be completed for the application of a license for use by a business)

<table>
<thead>
<tr>
<th>Participant I.D.</th>
<th>Business Name</th>
<th>State of Incorporation:</th>
<th>Charter State:</th>
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<thead>
<tr>
<th>Business Phone:</th>
<th>Cellular Phone:</th>
<th>Home Phone:</th>
<th>Fax:</th>
<th>E-mail Address:</th>
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Business Owner Name (F, M, L)  
Physical Address  
Mailing Address

<table>
<thead>
<tr>
<th>Business Owner Name (F, M, L)</th>
<th>Address 1:</th>
<th>Address 2:</th>
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<tbody>
<tr>
<td>Address 1: Address 2:</td>
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</tr>
<tr>
<td>City: State: Zip:</td>
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<tr>
<td>County: Country:</td>
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<td>County: Country:</td>
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<tr>
<td>Participant I.D.</td>
<td>First Name</td>
<td>Middle Name</td>
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Check One:
- Driver's License No.
- State I.D. No.
- Military I.D. No.
- Resident Alien I.D. No.
- Passport No.

Date of Birth: ___ / ___ / ___

Race: __________________________ Gender: M / F

Height: __________________________ Weight: __________________________

Eye Color: __________________________ Hair Color: __________________________

Physical Address
- Address 1: __________________________
- Address 2: __________________________

Mailing Address
- City: __________________________ State: __________________________ Zip: __________________________
- County: __________________________ Country: __________________________

Home Phone: ( ) - ( ) - ( ) - ( ) -
Business Phone: ( ) -
Fax: ( ) -
Cellular Phone: ( ) -

PLEASE COMPLETE REQUIRED ECONOMIC SURVEY

Economic Survey (must be completed by Responsible Party)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>At least 50% of income derived from commercial fishing?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

Signature: __________________________________________
Applicant 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
Certification Statement (This section must be completed by Applicant)

I, _______________________________________________ certify that:

1. All the information provided on this application and any supporting documentation provided is true, accurate, and complete. And further, for renewals, any changes in information or supporting documents have been provided at the time of renewal.

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 applying for 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.
   
   c) I understand that as a condition of accepting a permit from the Division of Marine Fisheries, I agree to abide by all conditions of the permit and agree, that if specific conditions of the permit as identified for the permit are violated, or if false information was provided in the application for initial issuance, renewal or transfer, the permit may be suspended or revoked by the Fisheries Director.

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. For for-hire fishing licenses and endorsements, I affirm that I have liability insurance and that I am knowledgeable of USCG safety requirements for the vessel(s) used in the operation in accordance with G.S. 113-168.6.

7. If application is for a Standard/Retired Commercial Fishing License with a Shellfish Endorsement or a Shellfish License for NC Residents I affirm that I have received the required harvester training.

8. For Ocean Fishing Pier License, linear length of the pier has not changed.

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.

Signature of Applicant: _____________________________________________Date: ____________________________

NOTARY (Only NEW applications must be notarized)

State: ____________________________
County: __________________________

Sworn to and Subscribed before me this __________ day of ____________________, 20__________

Notary Public: ____________________________ My Commission expires: ____________________________