

COMMERCIAL FISHING VESSEL REGISTRATION
TRANSFER APPLICATION INSTRUCTIONS

This application is to be completed and signed by individuals applying for a transfer of a Commercial Fishing Vessel Registration. 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 (business agent) 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.

The **Commercial Fishing Vessel Registration** is to be transferred when the ownership of a vessel bearing a current **Commercial Fishing Vessel Registration** is being transferred to a new owner.

If you are an individual or business applying for a **Commercial Fishing Vessel Registration Transfer**, you, or the Responsible Party must complete the **Commercial Fishing Vessel Registration Transfer Application**.

- I. Information on the **Transfer-From** to be completed on the application.
 - A. Participant Identification number. This number is located to the right of the work *Participant #* on your license.
 - B. Current Participant's full name (First, Middle, Last, Suffix).
 - C. **Commercial Fishing Vessel Registration** number to be transferred. This number is printed on the license to the right of the words *Commercial Fishing Vessel Registration (P- number)*.
 - D. Check Transfer box.

- II. Information on the **Transfer-To** to be completed on the application.
 - A. Individual applicants or Responsible Party (business agents) for business applications 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, 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. **PHOTOCOPY** of valid vessel state registration or U.S. Coast Guard Vessel Documentation. If applying for a transfer of ownership and the U.S. Coast Guard Vessel Documentation is pending, a notarized bill of sale will be accepted.

 - D. Sign the Application by the **Transfer-From** and **Transfer-To**.

 - E. Certification Statement Form For Transfers completed, signed and notarized by the **Transfer-From** and **Transfer-To**.

**COMMERCIAL FISHING VESSEL REGISTRATION
(CFVR) TRANSFER APPLICATION INSTRUCTIONS**

F. Fees

1. \$10.00 transfer fee
2. Method of payment: Personal check, money order or Cashier Check. Make payable to North Carolina Division of Marine Fisheries. There will be \$25.00 service charge for returned checks.

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.

Mail to: North Carolina Division of Marine Fisheries

License Office
PO Box 769
Morehead City, NC 28557

North Carolina Division of Marine Fisheries

Application To Transfer Commercial Fishing Vessel Registration

INFORMATION TO BE COMPLETED BY THE TRANSFER-FROM

Participant I.D.	First Name	Middle Name	Last Name	Suffix

Check

Transfer Commercial Fishing Vessel Registration

—————> CFVR Number to be Transferred

P -_____

INFORMATION TO BE COMPLETED BY THE TRANSFER-TO

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

Participant I.D.	First Name	Middle Name	Last Name	Suffix
Check One:				
Driver's License No.	State I.D. No.	Military I.D. No.	Resident Alien I.D. No.	Passport No.
No. _____	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	Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ County: _____ Country: _____		Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ County: _____ Country: _____
Height	Weight			
Eye Color	Hair Color			
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)

Participant I.D.	Business Name:	State of Incorporation:	Charter State:
Business Phone:	Cellular Phone:	Home Phone:	Fax:
() -	() -	() -	() -
Business Owner Name (F, M, L)	Physical Address		Mailing Address Check if same as physical address
Business Owner Name (F, M, L)	Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ County: _____ Country: _____		Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ County: _____ Country: _____
Business Owner Name (F, M, L)			
Business Owner Name (F, M, L)			
Business Owner Name (F, M, L)			

Please Complete Required Vessel Survey, Vessel Usage Survey, Vessel Owner Survey and Gear Survey Sections

Vessel Name:			Homeport:		
US Customs #:		Expire Date / /	Vessel Year Built:		
State Registration #:		Expire Date / /	Hull I.D.:		
Vessel Length:			Vessel Manufacturer:		
Port of Landing:			Number of Crew:		
			Vessel Gross Tons:		

Vessel Survey

Carrying Capacity:						Pounds
Total Horsepower						
Observers Allowed:	<input type="checkbox"/> YES <input type="checkbox"/> NO					
Propulsion:	<input type="checkbox"/> Outboard	<input type="checkbox"/> Inboard	<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Other		
Hull Material:	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Steel	<input type="checkbox"/> Other	
Engine Type:	<input type="checkbox"/> Gas	<input type="checkbox"/> Diesel	<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Number of Engines:						

Vessel Usage Survey

Check all that apply:

Charterboat:	Guide Boat:
Headboat:	Commercial Fishing:

Economic Survey (must be completed by Responsible Party)

First Name	Middle Name	Last Name	At least 50% of income derived from commercial fishing?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature: _____
 Transfer-To Signature Date
Must be signed to be valid

Signature: _____
 Transfer-From Signature Date
Must be signed to be valid

North Carolina Division of Marine Fisheries
License or Permit Application Certification Statement Form



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: _____