

PARTICIPANT APPLICATION INSTRUCTIONS

New applicants for any DMF license, permit or registration are required to complete a Participant Application. If you currently hold a license, permit or registration with the DMF or have applied to the License Eligibility Pool for a license you do not need to complete this application. Businesses requesting a license or permit 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 or permit in compliance with applicable laws and regulations. Individuals applying for a license or permit for another under the authority of Power of Attorney must submit a **PHOTOCOPY** of the Power of Attorney and current picture identification.

- A. Individual applicants and the Responsible Party for business applicants must provide a **PHOTOCOPY** of <u>one</u> of the following current/valid 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 a business, you must provide <u>one</u> of the following documents:
 - 1. If incorporated, **PHOTOCOPY** of Articles of Incorporation and list of current corporate holder.
 - 2. If a written partnership, **PHOTOCOPY** of written partnership agreement.
 - 3. If <u>not</u> incorporated or a written partnership, a **PHOTOCOPY** of current Assumed Name Statements, if filed, and a **PHOTOCOPY** of business privilege tax certificates, if applicable.

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 for Participation with the Division of Marine Fisheries Program

Check one: Individual (complete the Individual Participant Information) Responsible Party (complete the Business Participant Information and Individual Participant Information)													
Individual or Responsible Party Participant Information													
Participant I.D. (if available) First Name				Middle Nam			e Last Nar				Suffix		
Driver's License No. Military			I.D. No.			State I.D.		No.		Passport No.			
		Date No.	No.		Expiration Date		No.		Expiration Date			Expiration Date	
D II (AII ID N	esident Alien I.D. No. Race		Gender		/ /		Weig		ht Evo Co		Hair C	/ /	
Resident Alien I.D. No. No. Expiration Date	Race	Gend	Gender		Height		weiş	gnı	Eye Color		пан С	0101	
/ /	Male		∟ Female										
Date of Birth	State of Primary Residence			State of Secondary Residence					E-mail Address				
Physical Address:				Mailing Address:					Check if same as physical address				
Country:				Country:									
Address 1:				Addres	Address 1:								
Address 2:				A 11 A									
City: State:					City:					State:			
Zip: County:									County:				
Home Phone:	Business Phone:			Fax:					Cellular Phone:				
()	() Ext.				(()				()			
Type of Business Entity (Circle one) Corporation Written Agreement Partnership Sole Proprietorship LLC Academia													
Business Participant Information (This section must be completed for the application of a license for use by a business)													
Participant I.D. (if available) Business Name					receutor the apprecation of a needse for					State of Incorporation Charter State			
Zashese Tana													
Primary Business Location (State)			Seconds	Secondary Business Location (State) (if any)					E-mail Address				
Trinary Business Docation (State)				ary Business Executor (State) (Ir any)					D man radress				
Physical Address:					Mailing Address: Check if same as physical address								
Country:													
Address 1:				Country: Address 1:									
Address 2:													
				Address 2:					State:				
City: State:				Zip:					County:				
Zip: County:									·				
Home Phone:	Business Phone:			Fax:				Cellular Phone:					
() Ext.													
Business Owner Name (F, M, L) Business Owner Name				I , L)	Busin	ess Owner	r Name	(F, M, L) Business		Owner Name (F, M, L)			
			, ,	•				. ,					
Signature:													
Applicant Signature Date													
	e signed to l				D	uel							