



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 or amount equal to original cost of registration if less than \$10.00 (i.e., 8 ft. boat charge = \$8.00).
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 (CFVR)

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	
Driver's License No.	State I.D. No.	Military I.D. No.	Resident Alien I.D. No.	Passport No.	
Expire Date / /	Expire Date / /	Expire Date / /	Expire Date / /	Expire Date / /	
Date of Birth / /	Primary Residence (State)		Secondary 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:	
() -		() -		() -	

Type of Business Entity (circle one): Corporation 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.	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)				

Continued on Back

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:	☐ YES ☐ NO				
Propulsion:	☐ Outboard	☐ Inboard	☐ Inboard/Outboard	☐ Other	
Hull Material:	☐ Fiberglass	☐ Wood	☐ Aluminum	☐ Steel	☐ Other
Engine Type:	☐ Gas	☐ Diesel	☐ Other	☐ Other	
Number of Engines:					

Vessel Usage Survey

	Start Date	End Date		Start Date	End Date
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?
			☐ YES ☐ NO

Signature: _____

Transfer-To Signature Date

Must be signed to be valid

Signature: _____

Transfer-From Signature Date

Must be signed to be valid



Certification Statement Form For Vessel Transfers

(Must be completed, signed, and notarized for each transfer application by the Transfer-To and Transfer-From Participants)

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

I, _____, certify that I have the authority to transfer this
license or registration currently issued in the name of _____.
(circle one) (list name printed on the license)

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

I, _____, certify that:

1. All the information provided on this application and any supporting documentation provided is true, accurate, and complete.
2. 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.
3. 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.
4. 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.

5. 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.

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; however, the 2009 NC Rules for Coastal Fishing Waters that you received last year has not been changed and is still current.

If you do not want to receive another rulebook this year, please initial in the space provided.

Initial Here

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.

I understand that any false information or fraudulent disclosures may result in termination of appropriate licenses 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 _____, 20____

Notary Public: _____

My Commission expires: _____