



## COMMERCIAL FISHING VESSEL REGISTRATION (CFVR) APPLICATION INSTRUCTIONS

This application is to be completed and signed by individuals applying for a Commercial Fishing Vessel Registration. 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.

### Eligibility Requirements

This registration is required for any vessel used in a commercial fishing operation in the coastal fishing waters of the state.

- A. 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 partnership 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. A **Commercial Fishing Vessel Registration** Application must have the following:
1. Check one:
    - a. New Application (i.e., new License)
    - b. Renewing
    - c. Updating Current License
    - d. Replacing a Current License
  2. **Commercial Fishing Vessel Registration** number if renewing, updating or replacing the Registration. This number is printed on the license to the right of the words *Commercial Fishing Vessel Registration* and is the 'P' number.
  3. Complete all the applicable Participant Information, including Participant Identification number. This number is listed to the right of the word Participant # on your license. If you do not currently have a license with DMF, leave this box blank.
  4. All surveys must be completed.
  5. Sign the Application.
  6. Completed Certification Statement Form. It must be notarized if applying for a new license.
- D. Enclose a **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.
- E. Fees
1. 1-18 ft \$1.00 per foot
  2. 18-38 ft \$1.50 per foot
  3. 38-50 ft \$3.00 per foot
  4. 50-over \$6.00 per foot
  5. \$10.00 replacement fee for replacing current/valid license or amount equal to original cost of registration if less than \$10.00 (i.e., 8 ft. boat charge = \$8.00).
- F. 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.

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 Commercial Fishing Vessel Registration (CFVR)

<b>Check one:</b>	<input type="checkbox"/> New Application
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**OR**

<b>Check one:</b>	<input type="checkbox"/> Renew	<input type="checkbox"/> Replace	<input type="checkbox"/> Update and/or Change of Vessel Master
<b>Existing License Number</b> (License number is printed on license)			

**Individual of 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: M / F	Physical Address Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ County: _____ Country: _____				Mailing Address <input type="checkbox"/> Check if same as physical address 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    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: ( ) -		E-mail Address:	
Business Owner Name (F, M, L)		Physical Address				Mailing Address <input type="checkbox"/> Check if same as physical address			
Business Owner Name (F, M, L)		Address 1: _____ Address 2: _____				Address 1: _____ Address 2: _____			
Business Owner Name (F, M, L)		City: _____ State: _____ Zip: _____ County: _____ Country: _____				City: _____ State: _____ Zip: _____ County: _____ Country: _____			
Business Owner Name (F, M, L)									

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**North Carolina Division of Marine Fisheries**

**Application for Commercial Fishing Vessel Registration (CFVR)**

**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**

	Start Date	End Date		Start Date	End Date
Charterboat:	/ /	/ /	Guide Boat:	/ /	/ /
Headboat:	/ /	/ /	Commercial Fishing:	/ /	/ /

**Vessel Owner Information Survey (please select one of the following Owner designations)**

<input type="checkbox"/> Owner and Master	<input type="checkbox"/> Owner, but not Master	<input type="checkbox"/> Neither
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**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





**Certification Statement Form For New Licenses**

(Must be completed, signed, and notarized for each license transaction)

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.

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.

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: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**NOTARY (All new applications must be notarized)**

State: \_\_\_\_\_  
County: \_\_\_\_\_

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_ My Commission expires: \_\_\_\_\_