

**POTOMAC RIVER FISHERIES COMMISSION**

222 Taylor Street, P.O. Box 9  
 Colonial Beach, Virginia 22443  
 (804) 224-7148

**COMMERCIAL OYSTER MANAGEMENT RESERVE LICENSE APPLICATION**

Company? Circle: **Yes** or **No**      Company must name a Principal Licensee as the assigned user of this license

Enter Personal Name & Address **OR** Company Name & Address

Name _____		
FIRST	MIDDLE	LAST
Address _____		
City _____	State _____	Zip _____

Soc. Sec. # \_\_\_\_\_  
 or Federal Tax ID # \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

If **NOT** a Company:

County \_\_\_\_\_ Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Color Hair \_\_\_\_\_ Color Eyes \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

If a **Company**:

Principal Licensee \_\_\_\_\_ Telephone No. \_\_\_\_\_

FIRST                                  MIDDLE                                  LAST

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**ALL OYSTER MANAGEMENT RESERVE LICENSES MUST BE RENEWED PRIOR TO MARCH 31**

ANNUAL COMMERCIAL LICENSE REGISTRATION FEE (July 1 <sup>st</sup> through June 30 <sup>th</sup> each year) Must be paid prior to the purchase of your first commercial license	Fee	Each	Amount
_____ OYSTER MANAGEMENT RESERVE LICENSE .....	150.00	Person	_____
_____ Crew OYSTER MANAGEMENT RESERVE LICENSE(Limit of <b>two</b> ). . . . .	550.00	Person	_____
_____ OYSTER MANAGEMENT RESERVE PLANTING SURCHARGE FEE (PER LICENSE). . . . .	600.00	Person	_____
_____ OYSTER MANAGEMENT RESERVE PLANTING SURCHARGE FEE (PER LICENSE). . . . .	375.00	Person	_____

I hereby acknowledge and understand that there will be **no refund** of any Oyster Management Reserve License or Surcharge fees now or in the future from the Potomac River Fisheries Commission. I enter into this contract with the full understanding that there are **no refunds, and no guarantees** from the Potomac River Fisheries Commission that there will be any oysters available to harvest on the management reserves when they are opened for harvest.

**X** \_\_\_\_\_  
**Initials of Applicant**

NOTICE TO APPLICANT: By signing this application for an Oyster Management Reserve License you certify under penalties of perjury that you have been a resident of the State of Maryland or the Commonwealth of Virginia for at least 12 months preceding the date of this application.

I hereby certify under penalties of perjury that the information contained in this application is true and correct to the best of my knowledge and that I will abide by the rules, regulations and orders of the Potomac River Fisheries Commission.

**X** \_\_\_\_\_  
**Signature of Applicant** **Date**

Application Approved: Yes _____ No _____	Date: _____	By: _____	Cash _____ Check _____	Total Paid: _____
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