

Application for Non-resident Commercial Shellfish License

Date: _____ License # _____ License & Agent Fee : \$352.00

1. Name: _____
2. Home Address (physical): _____
3. Mailing Address (if different): _____
4. Driver's License #: _____ State _____ Date of Birth: _____
5. Height: _____ Weight: _____ Eyes: _____ Hair: _____
6. Telephone # _____
6. **State Clam License Number:** _____

Signature of Applicant: _____ Date: _____

Personally appeared the above named: _____, and swore that the above information is true, and correct to the best of his/her knowledge.

Date: _____ Notary Public _____

My Commission Expires: _____

OFFICE USE ONLY

NON-RESIDENT SHELLFISH LOTTERY NUMBER: _____