



VMRC EXPERIMENTAL SHRIMP TRAWL PERMIT EASTERN SHORE AREA APPLICATION FORM

YEAR: _____

MRC ID: _____

FULL NAME: _____
(FIRST) (MIDDLE) (LAST)

EMAIL ADDRESS: _____ (required)

MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

RESIDENTIAL ADDRESS (if different): _____
CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER _____

DO YOU HAVE AN ACTIVE CFRL? Yes or No (Check One)

VESSEL NAME: _____

VESSEL NUMBER: _____ VESSEL LENGTH: _____

Were you a permit holder of a Virginia-issued Special Experimental Permit for shrimp trawl gear for any year between 2019 and 2021? Yes or No (Check One)

Please provide a detailed description of your intended fishing gear (attach photos or drawings if necessary)

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APPLICANT INITIALS: _____ DATE: _____

Please briefly explain your qualifications for an experimental shrimp trawl permit. Include information such as experience in other shrimp and/or trawl fisheries, previous experimental permits through VMRC, where you will land your catch, and proposed methods of marketing the product.

I have read and understand the attached information pertaining to this experimental shrimp trawl permit and lottery process.

SIGNATURE OF APPLICANT: _____ DATE _____

Email Application to: fisheries@mrc.virginia.gov and use subject line “*ES SHRIMP EXPERIMENTAL PERMIT*” **OR**
Mail applications to: “*ES SHRIMP EXPERIMENTAL PERMIT*”, VMRC, 380 Fenwick Rd, Building 96, Fort Monroe, Hampton, VA, 23651 **OR**
Drop in the Commission’s drop box located outside of the Main Office indicated above.