VIRGINIA MARINE RESOURCES COMMISSION Application Regarding Interest in the Commercial Fishing Advisory Board

Date			ory Dour a
LAST NAME	FIRST NAME		
ADDRESS			
STREET	СІТҮ	STATE	
EMAIL ADDRESS			
PHONE NUMBER (DAY)	PHONE NUMBER	(EVENING)	
AFFILIATION (COMMERCIAL WATE	ERMAN, RECREATIONAL FISHEF	RMAN, DEALER, ET	°C.):
Are you willing and able to attend me afternoon to early evening, at VMRC YES NO			
Have you had a marine resource viola	ation within the past two years	? 🗌 YES 🗌 N	Ю
Please use the space below or additio	onal pages to express your inte	rest in joining or 1	emaining on the CFAE
Please return completed applicatio	ns	OFF	ICE USE ONLY
through mail: ATTN: Zach Widgeon		Rece	ived:
Virginia Marine Resources	SVMR		ls:
Commission			

Virginia Marine Resources Commission

Or through email to:

380 Fenwick Rd

Ft. Monroe, VA 23651

Commissioner@mrc.virginia.gov