



COASTAL RESOURCES

Fisherman Parking Sticker Application

Crewmember _____ Telephone # _____

Vessel Name _____

Captains Name _____

Captain's Signature (required) _____

Vehicle Make _____ Model _____ Color _____

License Plate # _____ Registering State _____

I hereby certify that the above information is correct:

Fisherman's Signature Date

To be completed by DEM office staff:

Sticker # _____ Issued by _____ Date _____