

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Division of Marine Fisheries Three Fort Wetherill Road Jamestown, Rhode Island 02835

RI 2023 Summer/Fall Aggregate Program for Black Sea Bass (May 1 – Dec. 31) Application Form and Instructions

This application is to obtain a permit to harvest and land Black Sea Bass for the Summer/Fall Aggregate Program (May 1 – Dec. 31) pursuant to RI Marine Fisheries regulations <u>Part 23</u> *"Aggregate Program for Summer Flounder and Black Sea Bass"*.

Eligibility criteria and permit conditions are provided in the rule. It is the responsibility of the applicant to read and understand these regulations.

Prior to submitting an application, a functioning RIDEM approved Vessel Monitoring System (VMS) tracking unit must be installed and functioning on your vessel. Currently there are three approved devices, two of which are for sale:

Vendor	Device	Website	Phone	Email
	Name			
Woods	NEMO	https://whgnemo.myportfolio.com	(240)	support@woodsholegroup.com
Hole			492-	
Group			1944	
Viatrax	Boat	https://boatcommand.com	(918)	support@viatrax.com
	Command		824-	
			1400	

The Faria Beede Sentry VMS unit is no longer offered for sale but remains an approved device.

Also prior to submitting an application, applicants must have an electronic data reporting account in the Standard Atlantic Fisheries Information System (SAFIS). For information on how to get started visit our website: <u>https://dem.ri.gov/natural-resources-bureau/marine-fisheries/commercial-fishing-dealer-resources/commercial-licensing</u>.

The application from is attached below. Submitted completed application forms to:

RIDEM Division of Marine Fisheries 3 Fort Wetherill Road Jamestown, RI 02835 john.lake@dem.ri.gov Attn: Aggregate Program Application

RI 2023 Summer/Fall Aggregate Program for Black Sea Bass (May 1 – Dec. 31)

Application Form				
Vessel Name:				
Coast Guard Doc/ State Reg. #:				
Vessel Federal Permit Number:				
Vessel Owner Name:				
Vessel Owner Address (street, town/city, zip):				
Contact (phone #/email):				
Operator 1 Name (Print):	DOB:			
RI Commercial Fishing/Landing License (acronym and #)):			
I hereby attest to the best of my knowledge that I have not been assessed a criminal or administrative penalty for violations of State or Federal commercial fishing regulations or laws within the past three (3) years. I also attest that I have read the regulations for this program.				
Operator 1 Signature:	Date:			
Operator 2 Name (Print):	DOB:			
Operator 2 Name (Print):				
	: ssessed a criminal or ial fishing regulations or laws			
RI Commercial Fishing/Landing License (acronym and #) I hereby attest to the best of my knowledge that I have not been a administrative penalty for violations of State or Federal commerc	ssessed a criminal or ial fishing regulations or laws gulations for this program.			
RI Commercial Fishing/Landing License (acronym and #) I hereby attest to the best of my knowledge that I have not been a administrative penalty for violations of State or Federal commerc within the past three (3) years. I also attest that I have read the reg	: ssessed a criminal or ial fishing regulations or laws gulations for this program. Date:			
RI Commercial Fishing/Landing License (acronym and #) I hereby attest to the best of my knowledge that I have not been a administrative penalty for violations of State or Federal commerc within the past three (3) years. I also attest that I have read the reg Operator 2 Signature:	: ssessed a criminal or ial fishing regulations or laws gulations for this program. Date: DOB:			
RI Commercial Fishing/Landing License (acronym and #) I hereby attest to the best of my knowledge that I have not been a administrative penalty for violations of State or Federal commerc within the past three (3) years. I also attest that I have read the reg Operator 2 Signature:				

Vessel Monitoring System:

Please indicate the type of VMS unit you have installed on the vessel.

Faria Beede Sentry	Serial #						
Viatrax Boat Command	Serial #						
Woods Hole Group NEMO	Serial #						
Electronic Reporting Information: Please indicate the user name used by each operator to submit electronic reports.							
Operator 1 SAFIS User Name:							
Operator 2 SAFIS User Name:							
Operator 3 SAFIS User Name:							

I hereby attest to the best of my knowledge that the information submitted on this application is complete and correct. I also attest that I have read and agree to comply with the regulations for this program.

Vessel Owner Signature: Date:	Vessel Owner Signature :	Date:	
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