

VIRGINIA MARINE RESOURCES COMMISSION
FIXED FISHING DEVICE SITING APPLICATION FOR A NEW LOCATION OR RELOCATION

Choose: ___ STAKED GILL NET ___ FYKE NET ___ RECREATIONAL CRAB TRAP

Application must be completed and submitted in person to the area Marine Police Officer (MPO), who will verify the application and forward it to the VMRC Fisheries Management Division main office. All applicants must fill out Sections A through C, and sign application. The area MPO must fill out Section D.

SECTION A: APPLICANT INFORMATION

APPLICANT NAME: _____

MRC ID: _____ TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

SECTION B: CURRENT APPROVED DEVICE LOCATION (if new location, skip to section C)

FIXED FISHING DEVICE LICENSE NUMBER FOR CURRENT YEAR: _____ SITE NUMBER: _____

COORDINATES OF OFFSHORE-MOST POINT (degree decimal minutes): _____

COORDINATES OF INSHORE-MOST POINT (degree decimal minutes): _____

TOTAL LENGTH (FEET): _____ NAME OF WATER BODY: _____

SECTION C: PROPOSED DEVICE SITING LOCATION

PROPOSED GPS COORDINATES OF OFFSHORE-MOST POINT: _____

PROPOSED GPS COORDINATES OF INSHORE-MOST POINT: _____

TOTAL LENGTH (FEET): _____ NAME OF WATER BODY: _____

NEAREST PERMANENT STRUCTURE OR GEOGRAPHIC LANDMARK:

NAME: _____ TYPE (buoy, tower, bridge): _____

APPROXIMATE DISTANCE _____ AND DIRECTION _____ TO PROPOSED SITE

IS ANOTHER FIXED FISHING DEVICE WITHIN 1,000 FEET OF THE PROPOSED LOCATION? **YES NO**

If yes, then provide the distance to the adjacent fishing device (pound net, staked gill net, fyke net):

Type: _____ Distance (feet): _____ Direction: _____ to adjacent fishing device

Type: _____ Distance (feet): _____ Direction: _____ to adjacent fishing device

APPLICANT SIGNATURE: _____

SECTION D: AREA MPO VERIFICATION

MPO NAME (PRINT)	MPO SIGNATURE
MPO PHONE NUMBER	DATE AND TIME RECEIVED

FOR MARINE RESOURCES COMMISSION STAFF USE ONLY

STEP 1: FISHERIES MANAGEMENT DIVISION

DATE AND TIME APPLICATION RECEIVED:	
STAFF MEMBER NAME AND INITIALS:	
FIXED FISHING DEVICE SITING REVIEW NUMBER:	
COPIED AND SENT TO HABITAT DIVISION (DATE):	

STEP 2: HABITAT MANAGEMENT DIVISION (ENGINEERING/SURVEYING DEPARTMENT)

REVIEWED BY:	DATE:	SITE NUMBER:
RECOMMEND TO ENDORSE WITH COORDINATES AS PROVIDED IN SECTION C:		INITIAL:
RECOMMEND TO ENDORSE WITH CHANGES TO COORDINATES AS PROVED BELOW:		INITIAL:
OFFSHORE COORDINATE CHANGE (degree decimal minute):		
INSHORE COORDINATE CHANGE (degree decimal minute):		
RECOMMEND NOT TO ENDORSE PROPOSED SITE (provided reason below):		INITIAL:
REASON:		
RECOMMENDED ENDORSED LOCATION VERIFIED BY: FIELD SITE VISIT _____ MAPPING ONLY _____		

STEP 3: FISHERIES MANAGEMENT DIVISION

FINAL DECISION:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> MODIFIED LOCATION
DECISION NOTES:	
LAW ENFORCEMENT NOTIFIED OF FINAL DECISION	DATE: _____ INITIAL: _____
MIS NOTIFIED OF FINAL DECISION (if applicable)	DATE: _____ INITIAL: _____