



VMRC COMMERCIAL SHRIMP TRAWL LICENSE
VIRGINIA BEACH AREA APPLICATION FORM

YEAR: _____

MRC ID: _____

FULL NAME: _____
(first) (middle initial) (last)

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RESIDENTIAL ADDRESS (if different) : _____

CITY: _____ STATE _____ ZIP _____

PHONE NUMBER (_____) _____
(area code)

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 2017 and 2020? Yes or No (Check one)

If you were a permit holder, did you report a minimum shrimp harvest of 500 pounds to the Marine Resource Commission's Mandatory Harvest Reporting Program in any given year from 2017 through 2020? Yes No N/A (Check one)

I have read and understand the attached information pertaining to this license and lottery process.

SIGNATURE OF APPLICANT: _____ DATE _____

Email Application to: fisheries@mrc.virginia.gov and use subject line "VB SHRIMP APPLICATION" **OR**
Mail applications to: "VB SHRIMP APPLICATION", VMRC, 380 Fenwick Rd, Building 96, Fort Monroe, Hampton, VA, 23651 **OR** Place in the Commission's Drop Box at the address above

VBShrimpTrawl_Application2021Final.docx

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| For Staff Use Only |
| Date Received: |