



**VMRC EXPERIMENTAL SHRIMP TRAWL PERMIT**  
**EASTERN SHORE AREA APPLICATION FORM**

YEAR: \_\_\_\_\_

MRC ID: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

EMAIL ADDRESS: \_\_\_\_\_ (required)

MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RESIDENTIAL ADDRESS (if different): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

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 2019 and 2023?  Yes or  No (Check One)

Please provide a detailed description of your intended fishing gear (attach photos or drawings if necessary)

APPLICANT INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

For Staff Use Only  
Date Received: \_\_\_\_\_

Please briefly explain your qualifications for an experimental shrimp trawl permit. Include information such as experience in other shrimp and/or trawl fisheries, previous experimental permits through VMRC, where you will land your catch, and proposed methods of marketing the product.

I have read and understand the attached information pertaining to this experimental shrimp trawl permit and lottery process.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

Email Application to: [fisheries@mrc.virginia.gov](mailto:fisheries@mrc.virginia.gov) and use subject line “*ES SHRIMP EXPERIMENTAL PERMIT*” **OR**  
Mail applications to: “*ES SHRIMP EXPERIMENTAL PERMIT*”, VMRC, 380 Fenwick Rd, Building 96, Fort Monroe, Hampton, VA, 23651 **OR**  
Drop in the Commission’s drop box located outside of the Main Office indicated above.