



**North Carolina Department of Environmental Quality
Division of Marine Fisheries
FISH DEALER
APPLICATION INSTRUCTIONS
(REV 2024-12)**

This application is to be completed and signed by individuals applying for a Fish Dealer license. Businesses requesting a license must have the Responsible Party (business agent) complete and sign the application. The Responsible Party is the person who coordinates, supervises, or otherwise directs operations of a business entity, such as a corporate officer or executive-level supervisor of business operations and is the person responsible for use of the issued license in compliance with applicable laws and regulations. Individuals applying for a license for another under the authority of Power of Attorney must submit a **PHOTOCOPY** of the Power of Attorney and current picture identification.

Provide a **PHOTOCOPY** of one of the following current picture identifications:

- Driver's License; or
- State Identification (issued by DMV); or
- Military Identification; or
- Passport; or
- Resident Alien Card (green card)

If you are applying as a business, you must provide:

- If incorporated, a **PHOTOCOPY** of Articles of Incorporation and list of current corporate holders.
- If organization, a **PHOTOCOPY** of the Articles of Organization and list of current corporate holders.
- If written agreement partnership, a **PHOTOCOPY** of written partnership agreement.
- If not incorporated, an organization, or written partnership, a **PHOTOCOPY** of current Assumed Name Statements, filed with Register of Deeds in the business county, and a **PHOTOCOPY** of business privilege tax certificates, if applicable.
- Current annual reports for LLC or INC.

A Fish Dealer Application:

- Sign and date the Application.
- Complete the NC DMF License Certification Statement Form. Form must be notarized if applying for a new license.
- If purchasing a Fish Dealer License with CLAM or OYSTER categories or a CONSOLIDATED license, you must provide a **PHOTOCOPY** of a valid (not expired) certification from the Department of Environmental Quality - Division of Marine Fisheries. For information on certification, contact the North Carolina Shellfish Sanitation Section at 252-515-5500.
- The Applicant will be required to report all landings from fishermen on trip tickets at the time and point of landing. Trip tickets must be filed with the Division of Marine Fisheries by the 10th of the following month.
- The Applicant must comply with all requests from the Division of Marine Fisheries for all data collection inquiries.

Fees:

- See Commercial License and Permit Fee Sheet. If you need assistance, please contact any NC DMF License Office or call (252) 515-5500 or (800) 682-2632. Replacement Fee: There is a \$10.00 fee for replacing current/valid license.
- Method of payment: Personal check, Money Order, Cashier check, Cash (In person only), or Credit Card (In person only). Make payable to **North Carolina Division of Marine Fisheries**. There will be a \$35.00 service charge for returned checks.

You are required to notify the Division of Marine Fisheries of any address or residency changes within 30 days. Incomplete applications submitted without required documentation will be deemed incomplete and returned to you unprocessed.

Mail to: **North Carolina Division of Marine Fisheries
License Office
PO Box 769
Morehead City, NC 28557**



North Carolina Department of Environmental Quality
Division of Marine Fisheries
FISH DEALER APPLICATION
(REV 2024-12)

Select One: ☐ New Application ☐ Renew ☐ Replace ☐ Update

Existing Fish Dealer License Number (This number is printed on the license to the right of the words <i>Fish Dealer License</i> and is the <i>D number</i>)	
--	--

Select One: ☐ Individual ☐ Business Agent

Individual or Business Agent Participant Information

Participant I.D.	First Name	Middle Name	Last Name	Suffix
Participant I.D.	Business Name:		State of Incorporation:	Charter State:
Business Owner Name (F, M, L)		Business Owner/Agent Name (F, M, L)		Business Owner/Agent Name (F, M, L)
Check One: Driver's License <input type="checkbox"/>	State I.D. <input type="checkbox"/>	Military I.D. <input type="checkbox"/>	Resident Alien I.D. <input type="checkbox"/>	Passport <input type="checkbox"/>
No. _____ Expire Date ____ / ____ / ____				
Date of Birth ____ / ____ / ____		Primary Residence (State)		E-mail Address
Race	Gender: M / F	Physical Address		Mailing Address <input type="checkbox"/> Check if same as physical address
Height	Weight	Address 1:		Address 1:
		Address 2:		Address 2:
Eye Color	Hair Color	City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____
		County: _____ Country: _____		County: _____ Country: _____
Home Phone:		Business Phone:		Fax:
() -		() -		() -

Type of Business Entity (Circle One): ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Organization



North Carolina Department of Environmental Quality
Division of Marine Fisheries
FISH DEALER APPLICATION
(REV 2024-12)

Dealer Location (Physical address and location where fishermen will be transferring catch to the dealer)
Must be physically located in North Carolina.

Address Line 1:							
Address Line 2:							
City:		State:		Zip:		Country:	
Business Location Phone No.		()		Business Fax Phone No.		()	

Records location (Physical address where records, including trip tickets, are kept)) ☐ Check if same as physical address

Address Line 1:							
Address Line 2:							
City:		State:		Zip:		Country:	
Phone No:	()	Fax No:		()			

Shipping Address (address where trip ticket supplies are to be shipped) ☐ Check if same as physical address

Address Line 1:							
Address Line 2:							
City:		State:		Zip:		Country:	
Phone No:	()	Fax No:		()			



North Carolina Department of Environmental Quality
Division of Marine Fisheries
FISH DEALER APPLICATION
(REV 2024-12)

Categories (must indicate which categories you will be dealing in) – Check ALL that apply:

- ☐ New Dealer
- ☐ Consolidated License (all categories)
(Requires Shellfish Certification prior to the purchase of this license. Call the Shellfish Sanitation Section at the number below for questions.)

OR

- ☐ Oysters
(Requires Shellfish Certification prior to the purchase of this license. Call the Shellfish Sanitation Section at the number below for questions.)
- ☐ Clams
(Requires Shellfish Certification prior to the purchase of this license. Call the Shellfish Sanitation Section at the number below for questions.)
- ☐ Hard and Soft Crabs
- ☐ Scallops
- ☐ Shrimp, including bait
- ☐ Finfish, including bait

<p>For required dealer reporting instructions or shellfish certification questions call 1-800-682-2632 or (252) 515-5500</p>
--

Signature: _____
Applicant signature Date
Must be signed to be valid



North Carolina Department of Environmental Quality
Division of Marine Fisheries
LICENSE APPLICATION CERTIFICATION FORM
(REV 2024-12)

Certification Statement (*This section must be completed by applicant*)

I, _____ certify that:

1. All the information provided on this application and any supporting documentation provided is true, accurate, and complete. And further, for renewals, any changes in information or supporting documents have been provided at the time of renewal. I understand that any false information or fraudulent disclosures may result in termination of appropriate licenses, permits and related documents, revocation or suspension of marine fisheries licensing and other privileges, and in possible criminal prosecution.
2. I am a resident of the State of : _____.
If claiming resident status in North Carolina, I certify further that (*check one*):
 - ☐ I have been a legal resident for more than six months, or
 - ☐ If domiciled in North Carolina between 60 days and six months, I have completed and submitted with this application a notarized Certificate of Eligibility for North Carolina Residency.
3. If applying for a Standard or Retired Standard Commercial Fishing License as a North Carolina Resident, I also certify that (*check the appropriate entry*):
 - ☐ I filed a North Carolina State Income Tax Return for the previous calendar or tax year.
 - ☐ I was not required to file a North Carolina State Income Tax Return for the previous calendar or tax year.I understand if there are any questions regarding the filing of a North Carolina State Income Tax Return, I may have to provide appropriate tax records, as requested by the Division of Marine Fisheries.
4. For commercial fishing licenses, endorsements or registrations I certify that:
 - a) I currently have no marine fisheries licenses, permits, endorsements, or registrations under suspension or revocation and the privilege to hold such licenses, permits, endorsements, or registrations is not revoked or suspended.
 - b) I have not been convicted of four or more violations in any jurisdiction related to state or federal law or regulations involving or related to marine or estuarine resources during the previous three years.
5. NC General Statute §113-221 requires the NC Division of Marine Fisheries to provide a current copy of the rules governing activities authorized by the license you are purchasing. You have the right to request a current rulebook in hardbound. The document is available on the Division of Marine Fisheries website on the "Rules and Regulations" webpage at <https://deq.nc.gov/about/divisions/marine-fisheries/rules-proclamations-and-size-and-bag-limits/rules>.
6. For for-hire fishing licenses and endorsements, I affirm that I have liability insurance and that I am knowledgeable of USCG safety requirements for the vessel(s) used in the operation in accordance with G.S. 113-168.6.
7. If application is for a Standard/Retired Commercial Fishing License with a Shellfish Endorsement or a Shellfish License for NC Residents I affirm that I have received the required harvester training.
8. For Ocean Fishing Pier License, linear length of the pier and responsible parties has not changed.
9. If applying for a Land or Sell License, I also certify that: (*check the appropriate entry*)
 - ☐ I have a commercial fishing license issued by the state of _____ (Other than North Carolina).
 - ☐ I have a federal permit that allows commercial fishing.

Signature of Applicant: _____ Date: _____

NOTARY (*Only NEW applications must be notarized*)

State: _____ County: _____

Sworn to and Subscribed before me this _____ day and year of _____,

Notary Public: _____ My Commission expires: _____

OFFICE USE ONLY

Year _____

PID # _____

License # _____

DMF Staff: _____

CA/CC/CH _____ BANK _____

CH# _____ AMT _____