



**North Carolina Department of Environmental Quality
Division of Marine Fisheries
RETIRED STANDARD COMMERCIAL FISHING LICENSE (RSCFL)
CONVERT TO STANDARD COMMERCIAL FISHING LICENSE (SCFL)
APPLICATION INSTRUCTIONS (REV 2024-12)**

Applications are to be completed and signed by individuals who are licensed. Participants are to complete, sign and notarize this application. 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.

Conversion Requirements

A Retired Standard Commercial Fishing License can be converted to a Standard Commercial Fishing License if the license holder has no current license suspensions or revocations.

The Application to convert a RSCFL to a SCFL must have the following:

Information on the Retired Commercial Fishing License holder:

- Participant Identification Number. This number is listed to the right of the word *Participant #* on your license.
- Retired Commercial Fishing License holder's name (First, Middle, Last, Suffix).
- Retired Commercial Fishing License number. This number is printed on the license to the right of the words *Retired Commercial Fishing License*.

A Convert to Standard Commercial Fishing License (SCFL):

- Complete and sign the application.
- The NCDMF License Certification Statement Form needs to be completed, signed and notarized.
- The Licensee is to surrender the Retired Standard Commercial Fishing License to the NCDMF along with this application.
- Shellfish Endorsements (Optional) – Only individual North Carolina residents are eligible. Businesses are NOT eligible for the Shellfish Endorsement.
- If you have moved to the state of North Carolina and have resided within the state for 60 days to six months and consider North Carolina as your permanent residence, you are required to complete the Certification of Eligibility for North Carolina Residency/Domicile.

Fees:

- See Commercial License and Permit Fee Sheet. If you need assistance, please contact any NCDMF License Office or call (252) 515-5500 or (800) 682-2632. 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
RETIRED STANDARD COMMERCIAL FISHING LICENSE (RSCFL)
CONVERT TO STANDARD COMMERCIAL FISHING LICENSE (SCFL) APPLICATION
(REV 2024-12)

Information of the Licensee

RSCFL Number To Be Converted (This number is printed on the license to the right of the words <i>Retired Standard Commercial Fishing License</i> .)	
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Endorsements: Shellfish ☐ Yes ☐ No (NC individual residents only, no businesses)

NC Residency: ☐ Non-resident – less than 60 days ☐ 60 days – 6 months ☐ Over 6 months **State of Residency:**
Complete the *Certification of Eligibility for NC Residency*

Individual Participant Information

Participant I.D.		First Name		Middle Name		Last Name		Suffix	
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:	Physical Address				Mailing Address <input type="checkbox"/> Check if same as physical address			
	M / F								
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:		Cellular Phone:			
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Economic Survey (must be completed by Responsible Party)

First Name		Middle Name		Last Name		At least 50% of income derived from commercial fishing?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

Signature: _____
Licensee (must be signed to be valid)

Date: _____



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 _____