



Rhode Island Marine Fisheries Council

3 Fort Wetherill Road Jamestown, Rhode Island 02835
(401) 423-1920 Fax: (401) 423-1925

Advisory Panel Application

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Home/Work/Cell): _____

Email: _____

Check Species Advisory Panel applying to: Shellfish Industry Advisory Committee

Please check the type of position you are applying for: Primary Alternate

If alternate, provide primary panel member name: _____

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1. FOR COMMERCIAL FISHERMEN:

Provide type and license number(s): _____

Number of years as a commercial fisherman? _____

Please describe fisheries fished and gear types used:

2. Where is your **primary** area fished? Narragansett Bay Coastal Ponds East Passage
 West passage Upper Bay Lower Bay Federal waters

3. FOR PARTY/CHARTER BOAT CAPTAINS:

How many years have you been in the Party/Charter boat business? _____ Years

4. FOR RECREATIONAL FISHERMEN:

How many years have you been engaged in recreational fishing in RI waters? _____

Please describe your fishing activity (e.g., from boat or shore, types of equipment and methods):

