



RHODE ISLAND

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF COASTAL RESOURCES

301 Great Island Road, The Port of Galilee
Narragansett, RI 02882

RI 2020 Summer Flounder Aggregate Landing Program Application Form and Instructions

This application is to obtain a permit to land up to 1,000 pounds of Summer Flounder per vessel per weekly period during the Winter sub-period pursuant to section 3.10.2 of [RI Marine Fisheries regulations \(RIMFR\), Part 3 - Finfish](#). Cumulative landings must occur within the weekly periods are specified below.

Issuance of the permit may take several days upon receipt of a completed application. **It is the responsibility of the applicant to assure the timely and accurate submittal of the application to avoid delays in receiving their permit.**

The 2020 Winter sub-period begins on January 5, 2020 and ends on April 30, 2020, or when 90% of the Winter sub-period quota has been harvested as determined by DMF.

The starting possession limit is 1,000 pounds/vessel/week. Possession limits are subject to change throughout the sub-period.

It is the responsibility of the permittee to follow all regulations to maintain compliance with their permit. Non-compliance with the provisions of these regulations or the permit agreement shall subject both the owner and the operator to revocation of enrollment and participation in the commercial fisheries for remainder of the sub-period or the subsequent sub-period.

Application forms are available on-line at the DEM Marine Fisheries website at: <http://www.dem.ri.gov/programs/marine-fisheries/forms-permits.php>, at the Marine Fisheries office in Jamestown, RI, or at the DEM Coastal Resources office in Narragansett, RI (Galilee). Submit the completed application to:

DEM Coastal Resources
301 Great Island Road
Narragansett, RI 02882
Attn: Summer Flounder Aggregate Landing Program

For any further questions, please contact the Division of Coastal Resources at (401)783-5551.

Criteria for eligibility:

1. Eligibility: An applicant vessel shall be considered eligible for a permit to participate in the Aggregate Landing Program by demonstrating to the DEM Divisions of Coastal Resources and the Law Enforcement each of the following:

a. The vessel, if harvesting Summer flounder from federal waters, possesses a valid federal Summer Flounder Moratorium Permit and RI Summer Flounder Exemption Certificate (Exemption Certificate);

b. The vessel's operator, if harvesting exclusively in State waters, holds a valid RI commercial fishing license to harvest or land summer flounder and possesses a valid Exemption Certificate;

c. The vessel's operator has not been assessed a criminal or administrative penalty in the past three years for a violation of this section or has more than one marine fisheries violation.

d. The operator(s) must hold a valid 2020 commercial license capable of landing summer flounder (i.e. MPURP, PEL, RESLND, NRLNDR).

2020 Weekly periods:

Week	Start Date	End Date
1	January 5, 2020	January 11, 2020
2	January 12, 2020	January 18, 2020
3	January 19, 2020	January 25, 2020
4	January 26, 2020	February 1, 2020
5	February 2, 2020	February 8, 2020
6	February 9, 2020	February 15, 2020
7	February 16, 2020	February 22, 2020
8	February 23, 2020	February 29, 2020
9	March 1, 2020	March 7, 2020
10	March 8, 2020	March 14, 2020
11	March 15, 2020	March 21, 2020
12	March 22, 2020	March 28, 2020
13	March 29, 2020	April 4, 2020
14	April 5, 2020	April 11, 2020
15	April 12, 2020	April 18, 2020
16	April 19, 2020	April 25, 2020
17	April 26, 2020	April 30, 2020

2020 RI Summer Flounder Aggregate Landing Program Application
PLEASE SUBMIT COMPLETED APPLICATION TO COASTAL RESOURCES

Vessel Name:
Coast Guard Doc. #
Vessel Federal Permit Number (if applicable):
Rhode Island Summer Flounder Exemption Certificate Number:
Vessel Owner Name:
Phone number:

Owner Signature Date

Operator (1) Name (Print): _____ DOB: _____

Operator (1) Signature: _____

RI Commercial Fishing License # MPURP/PEL/RESLND/NRLNDR #: _____
(CIRCLE ONE)

***If owner is also an operator, identify as Operator (1)**

Operator (2) Name (Print): _____ DOB: _____

Operator (2) Signature: _____

RI Commercial Fishing License # MPURP/PEL/RESLND/NRLNDR #: _____
(CIRCLE ONE)

Operator (3) Name (Print): _____ DOB: _____

Operator (3) Signature: _____

RI Commercial Fishing License # MPURP/PEL/RESLND/NRLNDR #: _____
(CIRCLE ONE)

Once processed, your permit will be available in the Coastal Resources office.
If you would like your permit mailed to you, please provide address below:

Name:	Phone:
Street:	City:
State:	Zip Code: