**MARYLAND DEPARTMENT OF NATURAL RESOURCES**

2022 APPLICATION TO TEMPORARILY TRANSFER A COMMERCIAL STRIPED BASS PERMIT CHESAPEAKE BAY COMMON POOL FISHERY

**INSTRUCTIONS:**

1. The transferee (person receiving permit) must fill out Section A completely.
2. The transferor (person transferring permit) must fill out Section B completely.
3. The transferee and/or transferor will not be required to be present at the Tawes Building Fisheries Office if this form is certified by a notary public. Proper identification is needed if submitting this in person at Tawes.
4. Permit holders may only transfer a common pool permit if they have declared the permit into the common pool fishery.
5. Common Pool permits may only be used in the gill net and hook and line fisheries. (HLI licenses may only harvest by Hook and Line).
6. Common Pool permit holders may not receive transfer of ITQ permits or ITQ pounds.
7. ITQ permit holders may not have Common Pool permits transferred to them.
8. The Common Pool Permit Transfer Period dates will be announced by public notice.

### Section A: PERMIT TRANSFERRED TO (transferee)

| Name_____________________________________________________ | Commercial Fishing License #_________________________ |
| __________________________________________________________ | --------------------------------------------- |
| Telephone #__________________________ | DNRid: ___________________ | License Type: ☐ TFL ☐ FIN ☐ HLI |
| Mailing Address________________________________________________________________________________________ | |
| Mailing City___________________________ | Mailing State__________________ | Mailing  Zip Code____________ |
| Tag Shipping Address___________________________________________________________________________________ | |
| Shipping City__________________________ | Shipping State_________________ | Shipping  Zip Code__________ |

### Section B: PERMIT TRANSFERRED FROM (transferor)

| Name_______________________________________________________________________________________________ | Commercial Fishing License #_______________________ |
| __________________________________________________________ | --------------------------------------------- |

### Section C. – SIGNATURES

I acknowledge that this application applies only to the commercial striped bass permit. I am aware of all applicable commercial fishing laws and regulations in order to maintain this permit. I certify under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

____________________________________                          _____________________  
Signature of Transferee                                                                                                      Date

_______________________________________                         ______________________  
Signature of Transferor (Title if Beneficiary or Authorized Representative)                                                       Date

Cont’d on Second Page
NOTARY FOR SIGNATURES

STATE OF ______________________, COUNTY OF ____________________, TO WIT:

On this _____ day of __________, 20___, before me the undersigned officer, personally appeared ____________________________, known to me or satisfactorily proven to be the person described in the foregoing instrument and acknowledged that they executed the same in the capacity therein stated and for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.


NOTARY PUBLIC: ___________________________ My Commission expires: ___________________________

On this _____ day of __________, 20___, before me the undersigned officer, personally appeared ____________________________, known to me or satisfactorily proven to be the person described in the foregoing instrument and acknowledged that they executed the same in the capacity therein stated and for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.


NOTARY PUBLIC: ___________________________ My Commission expires: ___________________________

For Department Use Only

ACCEPTED BY: ___________________________ DATE ___________________________