



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

**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.

Transferor

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.

Transferee

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

NOTARY PUBLIC: \_\_\_\_\_ My Commission expires: \_\_\_\_\_

**For Department Use Only**

ACCEPTED BY: \_\_\_\_\_ DATE \_\_\_\_\_