



Office of Boat Registration & Licensing
 3rd Floor, Room 360 (401) 222-6647

CID# _____ (Office use only)

STATE OF RHODE ISLAND

Non-Commercial Lobster Pot License & Diver License

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: M/F

Hair Color: _____ Weight: _____ Eye Color: _____ Height: _____

 Occupation

RI Drivers License # & Expiration Date: _____

Phone Number: _____ Email Address: _____

Lobster (Non-Commercial Pot) (RI GL 20-7-3) License # _____ \$ 40.00

Buoy colors _____/_____/_____ Pot Number _____
 You can choose up to three colors (Office use only)

Lobster (Non-Commercial Diver) (RI GL 20-7-4) License # _____ \$ 40.00

Under penalty of law, I certify that the foregoing statements are true, and that I am a resident of the State of Rhode Island.

*** "Resident" means an individual who has had his or her actual place of residence and has lived in the State of Rhode Island for a continuous period of not less than six (6) months RIGL 20-1-3 (8)**

 Applicant's Signature* _____ Date

 Notary Public (New Applicants only) _____ Commission Expires

Notes: Checks/Money Orders payable to State of RI – DEM & mail or deliver to the address above