PLEAR NOTE: If you plan to fish in AMY state or U.S. territory: EXCEPT Howaii, Paerto Rico, or the U.S. Wigni Relations or plants of the National Saliwater Angler. Registration for your fishing activity, in which case you will be AUTOMATICALLY registered with the National Saliwater Angler. Registration for your factor of the non-or vessel, you will need to complete a separate registration for each vessel. * The registrations are vessel based registrations. Each vessel must be registered separately. If you own or operate more than one vessel, you will need to complete a separate registration for each vessel. * a required. Vessel Information: Vessel Name: Vessel N	For-Hire Vessel Registration Form								
more than one vessel, you will need to complete a separate registration for each vessel. * is required. Yessel Information: Vessel Number (Please enter one or both of the following): State Vessel Registration Number: Coast Guard Documentation Number: Primary Contact Information Prise Registry and Number Registry establishes your eligibility to participate in surveys about your fishing activity. Codic: Codic: Codic: Codic: Codic: <t< th=""><th colspan="9">is very likely that the state will require you to obtain a saltwater recreational fishing license or registration for your fishing activity, in which case you will be AUTOMATICALLY registered with the National Saltwater Angler Registry and should NOT register here.</th></t<>	is very likely that the state will require you to obtain a saltwater recreational fishing license or registration for your fishing activity, in which case you will be AUTOMATICALLY registered with the National Saltwater Angler Registry and should NOT register here.								
Vessel Name: Vessel Name: Vessel Name: Vessel Name: Vessel Name: Vessel Registration Number: Coast Guard Documentation Number: Coast Guard Documentation Number: Primary Contact Information Please specify the primary Contact for this registration. The Primary Contact will be the only registrant to receive email messages associated with this registration. *Owner or Operator: -Select- *Inst Name: Suffix: *Select Suffix: *Oaddress is not a required field. However, you should enter an email address if you would like to: Address is *Deceive email confirmation of your registration mail address: Pacesive email confirmation of your registration mail address is not a required field. However, you should enter an email address if you would like to: >D Receive email confirmation of your registration mail address is Information Tis yery important that you enter a valid mailing address as this is the address to which your registration card will be mailed. You do not then one home of fin in more than one address information. *Address Line 1:					rately. If you own or operate				
Vessel Name: •Vessel Number (Please enter one or both of the following): State Vessel Registration Number: Coast Guard Documentation Number: Primary Contact Information Primary Contact Information Posses specify the Primary Contact for this registration. The Primary Contact will be the only registrant to receive email messages associated with this registration. Model Initial: * Owner or Operator: •Select- Middle Initial: * Inst Name: Suffix: -Select- * Obte of Birth: (e.g. dr. Sr. III) Get def Initial: * Maddress: Confirm Email: Email Address is not a required field. However, you should enter an email address if you would like to: a) Receive email confirmation of your registration Di Receive email confirmation drume than one than one than one than one than one than one total one of fish in more than one cloation. The system will attempt to standardize and validate (figure and steel name, eg. 123 Main SQ) * Address Line 1: •Select- •Select- •Select- * Site: •Select- •Select- Select- *									
• Vessel Rumber (Please enter one or both of the following): State Vessel Registration Number: Personal Guard Documentation Number: Please specify the Primary Contact for this registration. The Primary Contact will be the only registrant to receive email messages associated with this registration. *Owner or Operator: •Select- *Trist Name: Middle Initial: •Last Name: Suffix: •Select- Otace of Birth: •Date of Birth: (e.g. Jr. Sr. III) •Date of Birth: (e.g. Jr. Sr. III) •Date of Birth: (e.g. Jr. Sr. III) •Date of Birth: (e.g. Jr. Sr. IIII) •Date of Birth: (e.g. Jr. Sr. IIIIIIII) •D Receive emails notification for renewals and returned mail Prove registration card will be mailed. You do not need to enter more than one address or register more than once first will attempt to standardize and validate address information. Registration Card Mailling Address as this is the address to which your registration. Confirm Cardin address information. (Stret inumber and steef name, e.g. 123 Main St <th></th> <th></th> <th></th> <th></th> <th></th>									
State Vessel Registration Number: Coast Guard Documentation Number: Primary Contact Information Please specify the Primary Contact for this registration. The Primary Contact will be the only registrant to receive email messages associated with this registration. Owner or Operator: State Name: Widdle Initial: *Last Name: State Name: Breake specify the Primary Contact for this registration. Immiddygypy First Name: State Name: <td></td> <td>ontor one or both of the</td> <td>following)</td> <td></td> <td></td>		ontor one or both of the	following)						
Coast Guard Documentation Number:	-		ronowing).						
Primary Contact Information Please spacify the Primary Contact for this registration. The Primary Contact will be the only registrant to receive email messages associated with this registration. • Owner or Operator: Select	-								
Please specify the Primary Contact for this registration. The Primary Contact will be the only registration to receive email messages associated with this registration. Source or Operator: -Select- *Irst Name: Last Name: Date of Birth: (e.g. Jr., Sr., III) mild Address: Confirm Email: Email Address is not a required field. However, you should enter an email address if you would like to: a) Receive email confirmation of your registration b) Receive email confirmation of your registration b) Receive email confirmation of renewais and returned mail Registration Card Mailing Address Information It is very important that you enter a valid mailing address as this is the address to which your registration card will be mailed. You do not need to enter more than one address or registration once if you own more than one hore location. Address Line									
associated with this registration. Owner or Operator:	Primary Contact Inf	ormation							
*Owner or Operator: •Select: *First Name: Middle Initial: *Last Name: Suffix: •Select: *Last Name: Suffix: •Select: *Date of Birth: (e.g. Jr., Sr., III) (middle Y) #mail Address: Confirm Email: (middle Y) Email Address is not a required field. However, you should enter an email address if you would like to: a) Receive email confirmation of your registration b) Receive email confirmation or renewais and returned mail (middle S) (middle S) Registration Card Mailing Address Information (middle S) (middle S) thed to enter more than one address or register more than one home or fish in more than one location. (address Line 1: *Address Line 2: (address Line 2: (address Line 2: (apt/foors/wike, e.g. Apt #123) (f) (f) *City: •Select: •Select: *Jo code: (f) (f) (f) State: -Select: (f) *Jo code: (f) (f) (f) *Jo code: (f) (f) (f) *Jo code: (f) (f) (f) *Grigit			on. The Primary Contact	will be the only registrant	to receive email messages				
<pre>* First Name:</pre>	-								
Last Name: Suffix:	·	Select							
• Date of Birth: (e.g. Jr., Sr., III) (middlyyyy) Email Address: Confirm Email: (middlyyyy) Email Address is not a required field. However, you should enter an email address if you would like to: a) Receive email confirmation of your registration b) Receive email confirmation of your registration b) Receive email confirmation of your registration Tt is very important that you enter a valid mailing address as this is the address to which your registration card will be mailed. You do not enter more than one home or fish in more than one home of fish in more than one home of fish in more than one home of fish in more than one location. *Address Line 1: (greet number and street name, e.g. 123 Main St) Address Line 2: (apthorshile, e.g. Apt#123) *Chr: *State: -Select- *Jip Code: (g digt zip code only) Survey Contact Telephone Information Registration in the National Saltwater Angler Registry establishes your eligibility to participate in surveys about your fishing activity. Information brained from these surveys is used to determine the health and sustainability of the fishery and make informed decisions about how many fish can be caught the following year. Phease enter a permanent (i.e. on temporry or local) phone number where you would prefer to be reached if you are selected to participate in an angler survey. • Phone Number: Phone Extension: (m punctuation, e.g. 8005551212) • Phone Tripcipal Area(s) of Operation Please Indica use the time period during which you would like to be cont					-				
Control (miniddygy) Confirm Email: Email Address: Confirm Email: Email Address: Confirm Email: Pacelve email confirmation of your registration It is very important that you enter a valid mailing address as this is the address to which your registration card will be mailed. You do not need to enter more than one address or register more than once if you own more than one home or fish in more than one location. Vaddress Line 1: The system will attempt to standardize and validate address information. Vaddress Line 2: (apthon:state) (apthon:state) State: * City: -Select- * Zip Code: (5 digit zip code only) State: -Select- Zip Code: (5 digit zip code only) State: -Select- Phone Number: Phone Extension: (no punctuation, e.g. 8005551212) Phone Extension: Phone Number: -Select- (no punctuation, e.g. 8005551212) Phone Extension: Phone Number: -Select- Phone Type: -Select- <td>*Last Name:</td> <td></td> <td>Si</td> <td>uffix:Select</td> <td>-</td>	*Last Name:		Si	uffix:Select	-				
Email Address: Confirm Email: Email Address is not a required field. However, you should enter an email address if you would like to: a) Receive email confirmation of your registration b) Receive email confirmation of your registration for renewals and returned mail Receive email confirmation of your registration card will be mailed. You do not need to enter more than one address or register more than once if you own more than one home or fish in more than one location. *Address Line 1: The system will attempt to standardize and validate address information. You may be prompted to clarify of confirm certain address information. You may be prompted to clarify of confirm certain address information. You may be prompted to clarify of confirm certain address information. *City:	*Date of Birth:	12	(e	.g. Jr., Sr., III)					
Email Address is not a required field. However, you should enter an email address if you would like to: a) Receive email confirmation of your registration b) Receive email confirmation of your registration ti is very important that you enter a valid mailing address as this is the address to which your registration card will be mailed. You do not need to enter more than one address or register more than once if you own more than one home or fish in more than one location. *Address Line 1: (steet number and steet name, e.g. 123 Main St) *Address Line 2: (aptificon/suite, e.g. Apt #123) *City: *State: -Select- *State: -Select- *State: -Select- *State: -Select- *The system yill attempt to standardize and validate address information. *Address Line 1: (aptificon/suite, e.g. Apt #123) *City: *State: -Select- *State: -Select- *The system yill attempt to a standardize and validate address information. *Address Line 1: *Address Line 2: *State: -Select- *State: -Select- *Select- *Select- *Select- *Deno Enter the note of the note of the note home of the note home of the note home of the set of	(mm/dd/yyyy)								
a) Receive email confirmation of your registration b) Receive email notification for renewals and returned mail Registration Card Mailing Address Information It is very important that you enter a valid mailing address as this is the address to which your registration card will be mailed. You do not need to enter more than one address or register more than once if you own more than one finsh in more than one location. The system will attempt to standardize and validate <i>address line</i> 1: 	Email Address:		Co	onfirm Email:					
b) Receive email notification for renewals and returned mail Registration Card Mailing Address Information It is very important that you enter a valid mailing address as this is the address to which your registration card will be mailed. You do not end to enter more than one address or register more than once if you own more than one home or fish in more than one location. Address Line 1: (address Line 2: (apt/floor/suite, e.g. Apt #123) Ctry: State:Select			should enter an email ad	dress if you would like to:					
Registration Card Mailing Address Information It is very important that you enter a valid mailing address as this is the address to which your registration card will be mailed. You do not need to enter more than one address or register more than once if you own more than one finsh in more than one location. *Address Line 1: The system will attempt to standardize and validate address information. You may be prompted to clarify confirm certain address information. You may be prompted to clarify confirm certain address information. You may be prompted to clarify confirm certain address information. You may be prompted to clarify confirm certain address information. You may be prompted to clarify confirm certain address information. You may be prompted to clarify confirm certain address information. You may be prompted to clarify confirm certain address information. Address Line 2: Gap/floor/sule, e.g. Apt #123) • City: • * State: Select * Zip Code: (5 digit zip code only) Survey Contact Telephone Information Registration in the National Saltwater Angler Registry establishes your eligibility to participate in surveys about your fishing activity. Information obtained from these surveys is used to determine where you would prefer to be reached if you are selected to participate in an angler survey. * Phone Number: Phone Extension: (no punctuation, e.g. 8005551212) Phone Extension: * Phone Tripe: Select Please enter (a cont during which you would like to be contacted to participat			ned mail						
It is very important that you enter a valid mailing address as this is the address to which your registration card will be mailed. You do not need to enter more than one address or register more than once if you own more than one home or fish in more than one location. *Address Line 1:	-,								
(aptilionization e.g. Apt #123) *City: *State: *Zip Code: (5 digit zip code only) Survey Contact Telephone Information Registration in the National Saltwater Angler Registry establishes your eligibility to participate in surveys about your fishing activity. Information obtained from these surveys is used to determine the health and sustainability of the fishery and make informed decisions about how many fish can be caught the following year. Please enter a permanent (i.e. not temporary or local) phone number where you would prefer to be reached if you are selected to participate in an angler survey. *Phone Number:	*Address Line 1: (street number and street nam		pre than once if you own	The system will attemp address information. Y	ot to standardize and validate ou may be prompted to clarify or				
*City: *State:Select *Zip Code: (5 digit zip code only) Survey Contact Telephone Information Registration in the National Saltwater Angler Registry establishes your eligibility to participate in surveys about your fishing activity. Information obtained from these surveys is used to determine the health and sustainability of the fishery and make informed decisions about how many fish can be caught the following year. Please enter a permanent (i.e. not temporary or local) phone number where you would prefer to be reached if you are selected to participate in an angler survey. *Phone Number: Phone Extension: (no punctuation, e.g. 8005551212) *Phone Type:Select- Please indicate the time period during which you would like to be contacted to participate in a survey. *Phone Type:Select- Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska Atlantic: [Connecticut Delaware District of Columbia Plorida (East Coast) Georgia [Massachusetts Maryland Maine North Carolina New Hampshire									
*State: Survey Contact Telephone Information Registration in the National Saltwater Angler Registry establishes your eligibility to participate in surveys about your fishing activity. Information obtained from these surveys is used to determine the health and sustainability of the fishery and make informed decisions about how many fish can be caught the following year. Please enter a permanent (i.e. not temporary or local) phone number where you would prefer to be reached if you are selected to participate in an angler survey. *Phone Number: Phone Extension: (no punctuation, e.g. 8005551212) *Phone Type:Select Please indicate the time period during which you would like to be contacted to participate in a survey. *Phone Type:Select Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska Atlantic: [Connecticut Delaware District of Columbia Florida (East Coast) Georgia Massachusetts Maryland Maine North Carolina New Hampshire									
*Zip Code: (5 digit zip code only) Survey. Contact Telephone Information Registration in the National Saltwater Angler Registry establishes your eligibility to participate in surveys about your fishing activity. Information obtained from these surveys is used to determine the health and sustainability of the fishery and make informed decisions about how many fish can be caught the following year. Please enter a permanent (i.e. not temporary or local) phone number where you would prefer to be reached if you are selected to participate in an angler survey. * Phone Number: Phone Extension: (no punctuation, e.g. 8005551212) * Phone Type: Select Please indicate the time period during which you would like to be contacted to participate in a survey. * Phone Time: Select Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska Alaska Atlantic: Onnecticut Delaware District of Columbia Florida (East Coast) Georgia Massachusetts Maryland Maine North Carolina New Hampshire									
(5 digit zip code only) Survey Contact Telephone Information Registration in the National Saltwater Angler Registry establishes your eligibility to participate in surveys about your fishing activity. Information obtained from these surveys is used to determine the health and sustainability of the fishery and make informed decisions about how many fish can be caught the following year. Please enter a permanent (i.e. not temporary or local) phone number where you would prefer to be reached if you are selected to participate in an angler survey. *Phone Number:	*State:	Select							
Survey Contact Telephone Information Registration in the National Saltwater Angler Registry establishes your eligibility to participate in surveys about your fishing activity. Information obtained from these surveys is used to determine the health and sustainability of the fishery and make informed decisions about how many fish can be caught the following year. Please enter a permanent (i.e. not temporary or local) phone number where you would prefer to be reached if you are selected to participate in an angler survey. *Phone Number: Phone Extension: (no punctuation, e.g. 8005551212) *Phone Type: Select Please indicate the time period during which you would like to be contacted to participate in a survey. *Phone Time: Select Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska Alaska Alaska Manyland District of Columbia Florida (East Coast) Georgia	*Zip Code:								
Registration in the National Saltwater Angler Registry establishes your eligibility to participate in surveys about your fishing activity. Information obtained from these surveys is used to determine the health and sustainability of the fishery and make informed decisions about how many fish can be caught the following year. Please enter a permanent (i.e. not temporary or local) phone number where you would prefer to be reached if you are selected to participate in an angler survey. *Phone Number: Phone Extension: (<i>no punctuation, e.g. 8005551212</i>) *Phone Type: Select Please indicate the time period during which you would like to be contacted to participate in a survey. *Phone Time: Select Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska:	(5 digit zip code only)								
Information obtained from these surveys is used to determine the health and sustainability of the fishery and make informed decisions about how many fish can be caught the following year. Please enter a permanent (i.e. not temporary or local) phone number where you would prefer to be reached if you are selected to participate in an angler survey. *Phone Number: Phone Extension: (no punctuation, e.g. 8005551212) *Phone Type:Select Please indicate the time period during which you would like to be contacted to participate in a survey. *Phone Time:Select Please indicate the time period during which you would like to be contacted to participate in a survey. *Phone Time:Select Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska Atlantic:	Survey Contact Tele	phone Information	<u>1</u>						
(no punctuation, e.g. 8005551212) *Phone Type: Select Please indicate the time period during which you would like to be contacted to participate in a survey. *Phone Time: Select Home Port(s) or Principal Area(s) of Operation Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska: Alaska Alaska Connecticut Delaware District of Columbia Florida (East Coast) Georgia Massachusetts Maryland Maine North Carolina New Hampshire	Information obtained from about how many fish can b Please enter a permanent	these surveys is used to be caught the following ye (i.e. not temporary or loca	determine the health and ear.	sustainability of the fishe	ery and make informed decisions				
*Phone Type:Select Please indicate the time period during which you would like to be contacted to participate in a survey. *Phone Time:Select Home Port(s) or Principal Area(s) of Operation Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska:	*Phone Number:		Phone	Extension:					
Please indicate the time period during which you would like to be contacted to participate in a survey. *Phone Time: Select Home Port(s) or Principal Area(s) of Operation Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska: Alaska Alaska Atlantic: Connecticut Delaware District of Columbia Florida (East Coast) Georgia Massachusetts Maryland Maine North Carolina New Hampshire		212)							
*Phone Time: Select Home Port(s) or Principal Area(s) of Operation Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska: Alaska Atlantic: Connecticut Delaware District of Columbia Florida (East Coast) Georgia Massachusetts Maryland Maine North Carolina New Hampshire	*Phone Type:	Select							
Home Port(s) or Principal Area(s) of Operation Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska: Alaska Atlantic: Connecticut Delaware District of Columbia Florida (East Coast) Georgia Massachusetts Maryland Maine North Carolina New Hampshire	Please indicate the time pe	riod during which you wo	uld like to be contacted	o participate in a survey.					
Please check the box to the left of each state in which you intend to operate during the next year. This information will be used to determine which surveys you are eligible for and will not restrict your ability to operate in other locations. * You must check at least one Home Port or Principal Area of Operation Alaska: Alaska Atlantic: Connecticut Delaware District of Columbia Florida (East Coast) Georgia Massachusetts Maryland	*Phone Time:	Select							
Connecticut Delaware District of Columbia Florida (East Coast) Georgia Massachusetts Maryland Maine North Carolina New Hampshire	Please check the box to th determine which surveys y * You must check at least Alaska:	e left of each state in whic ou are eligible for and wil	ch you intend to operate Il not restrict your ability						
Connecticut Delaware District of Columbia Florida (East Coast) Georgia Massachusetts Maryland Maine North Carolina New Hampshire									
Massachusetts Maryland Maine North Carolina New Hampshire	Atlantic:								
	Connecticut	Delaware	District of Colum	bia 🛛 🗌 Florida (East Co	oast) 🗌 Georgia				
□ New Jersey □ New York □ Pennsylvania □ Rhode Island □ South Carolina	Massachusetts	,	Maine						
·	New Jersey	New York	🗌 Pennsylvania	Rhode Island	South Carolina				

1 of 2

4/14/2021, 9:09 AM

🗌 Virginia				
Caribbean:				
Puerto Rico	🗌 U.S. Virgin Islands			
Gulf of Mexico:	Florida (West Coast)	🗌 Louisiana	Mississippi	
Alabama			Mississippi	
Hawaiian Islands:				
Pacific:				
California	Oregon	□ Washington		
Western Pacific:				
🗌 American Samoa	🗌 Guam	□ Northern Mariana Islands		
Submit Registration Info	rmation			Cancel Registration