



COMMERCIAL SALMON VESSEL PERMIT REQUEST FOR GUIDANCE APPLICATION

DFW 1306a (REV 05/18/18)

REQUEST FOR GUIDANCE (FGC Section 8239.9) NO FEE

Notwithstanding Section 8239, 8239.1, or 8239.2, any person may request the review board to determine the fishing potential of any permitted vessel or any replacement vessel before a transfer application for a permit for use of a replacement vessel is submitted to the Department of Fish and Wildlife (Department). The person making a request under this subdivision is not required to be the owner of either vessel. A determination under this subdivision is not binding on the review board or the department and is only advisory.

Submit the following:

- Photographs of the original bow, stern, and profile identifying the vessel name, Fish and Game Boat Registration number, State Department of Motor Vehicles Registration number, or United States Coast Guard Certificate of Documentation number for the permitted and replacement vessels.
- Copy of the current Commercial Boat Registration for the permitted vessel.
- Copy of the current Salmon Vessel Permit.

PLEASE PRINT CLEARLY

FIRST NAME	M.I.	LAST NAME
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BUSINESS NAME (if any) JOINT OWNERS

MAILING ADDRESS	DAY TELEPHONE
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CITY	STATE	ZIP CODE	EMAIL ADDRESS
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	PERMITTED VESSEL	REPLACEMENT VESSEL
VESSEL NAME		
FISH AND GAME BOAT REGISTRATION NUMBER		
STATE DMV OR USCG DOCUMENTATION NUMBER		
YEAR BUILT		
LENGTH / DRAFT / DEPTH / BEAM (in feet)	/ / /	/ / /
GROSS TONS / NET TONS	/	/
FISHING CAPACITY (in pounds of salmon)		
TYPE OF FISH HOLD – BUILT-IN, PORTABLE (TOTES, BARRELS) or both		
FISH HOLD DIMENSIONS (include portable holds)		
PRIMARY FISHERY		
SECONDARY FISHERY (if any)		
HOME PORT		
HULL MATERIAL		
VESSEL MANUFACTURER		
ENGINE MANUFACTURER		
HORSEPOWER / NO. OF CYLINDERS	/	/
THRU DRIVE, I/B, O/B, SINGLE/DOUBLE PROP		
FUEL TYPE / FUEL CAPACITY (gallons)	/	/

I certify that I have read, understand, and agree to abide by all conditions of the applicable provisions of the FGC, and the regulations promulgated thereto. I agree that if I make any false statement as to any fact required as a prerequisite to the review, approval of this transfer request, the transfer will be surrendered, and I understand that I may be subject to prosecution pursuant to FGC Section 1054 or to other administrative actions pursuant to Section 746, Title 14, of the CCR. I certify under penalty of perjury that the included information is true to the best of his or her information and belief. (FGC Section 8239(e))

SIGNATURE	DATE
X	