



NEW JERSEY DIVISION OF FISH AND WILDLIFE
Bureau of Marine Fisheries
Bureau of Shellfisheries
PO Box 418
Port Republic, New Jersey 08241-0418
Phone: (609) 748-2020



APPLICATION FOR A CHANGE OF ADDRESS/E-MAIL ADDRESS/NAME CHANGE

1. INFORMATION					
LAST NAME		FIRST NAME		M.I.	CORPORATE NAME
<hr/> LAST NAME CHANGE					
NEW STREET ADDRESS				MAILING ADDRESS (if different)	
NEW CITY/TOWN				CITY/TOWN	
COUNTY	STATE	ZIP CODE		COUNTY	STATE
TELEPHONE (daytime) ()		CELL PHONE ()			
DATE OF BIRTH				CID#	
New E-mail Address				Re-enter New E-mail address	

2. PLEASE INDICATE

- Commercial Marine Licenses
- Recreational Marine Licenses
- Shellfish Licenses
- Species Permits (reprint permit/update Gofish file/Admin Console)
- Shellfish leases
- Dealer Permits (reprint permit/update Gofish file/Admin Console)
- Lottery/Information Lists (Please check off which you are on)
- Crab pot Lobster/fish/conch AC Crab Dredge Del. Bay Crab Dredge

3. APPLICANT'S SIGNATURE

I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE.

DATE

SIGNATURE OF APPLICANT

Revised 7/27/18

Include documentation supporting this change of address.
There is a \$2.00 per license charge for reprinting a document. This fee does not apply to the
Lottery/Information Lists.

