

# NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Marine Resources, Commercial Quota Management  
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## Registration for Participation in the 2020 Summer Flounder Weekly Harvest Program

Please print legibly. Return with original signature to address above.

NAME: _____	NYS FOOD FISH LIC. # _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____	EMAIL: _____
<u>The 2020 weekly summer flounder harvest program is scheduled to begin January 14, 2020.</u>	

VESSEL INFORMATION (Please note – you can only register and use ONE vessel for the program);	
VESSEL NAME: _____	FEDERAL PERMIT: _____
VESSEL HULL ID or REGISTRATION: _____	ELECTRONIC REPORTING (Y/N): _____
PRIMARY PORT OF LANDING: _____	

The weekly summer flounder harvest program will run from **January 14, 2020 through April 30, 2020**, unless otherwise indicated.

**The weekly limit is set at 1,000 pounds for registered participants.** Registered participants will be permitted to possess and land summer flounder in excess of the normal daily trip limit (140 pounds) up to 1,000 pounds in one trip or multiple broken trips, but in no event may a participant possess or land more than 1,000 pounds in a fishing week, Saturday through Friday.

Participation in the summer flounder weekly harvest program is contingent on complying with the following requirements:

- A vessel, or permittee, may not possess or land more than 1,000 pounds in any one fishing week.
- The fishing week for the summer flounder weekly program is Saturday through Friday.
- Only one summer flounder permit holder per vessel is allowed.
- A fishing vessel trip report (VTR) for any trips where more than the daily trip limit is taken must be submitted within 72 hours of landing.
- Participants are permitted to offload summer flounder only during the hours of 6:00AM through 10:00PM

**Participants are NOT required to submit a predeparture notice. But MUST call NYSDEC Law Enforcement Dispatch at 631-444-0250 at least 2 hours prior to arrival at port for any landings in excess of the daily limit of 140 lbs.**

**Participants MUST report “This is [NAME], on [FISHING VESSEL]. I am registered in the Summer Flounder Weekly Harvest Program. I will be landing approximately [number of pounds] of summer flounder at [PORT], at approximately [TIME, DATE]”.**

*I hereby register to participate in the weekly summer flounder harvest program and affirm that the information provided on this form is true to the best of my knowledge. I acknowledge that failure to comply with any of the program requirements may result in removal from the summer flounder weekly harvest program.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_