

## 2024 Winter Special Harvest Program Registration Form

ALL APPLICANTS MUST HOLD A VALID 2024 FOOD FISH LICENSE, FOOD FISH LANDING LICENSE, AND/OR SUMMER FLOUNDER PERMIT TO PARTICIPATE IN THE SPECIAL HARVEST PROGRAMS.

## **CONTACT INFORMATION**

First Nar	ne/Business Name:	MI:	Last Name:	New York State Food Fish			
				License Number:			
Mailing Address:				Business Address (if different):			
Email Ac	ldress:			Phone Number:			
				THORO RUMBOL.			
WEEKLY HARVEST PROGRAM							
WEERLI HARVESI FRUURAIVI							
Check the box(es) of the weekly harvest program(s) you wish to participate in.							
	SUMMER FLOUNT	DER WI	FEKLY HARVES	ST PROGRAM: For New York State			
ΙШ	Commercial Summ						
	Commercial Camin	ici i iou	rider i cirriit i ion	ders only			
				DDOCDAM, For New York State			
	BLACK SEA BASS WEEKLY HARVEST PROGRAM: For New York State						
▎╙	Commercial Food I	-ish Lic	ense or Food Fi	ish Landing License Holders Only			
coc	PERATIVE MUL	TI QTA	TE HVDVEG.	T DDOCDAM			
COC	PERAIIVE WILL	11-31	ME HARVES	I PROGRAIVI			
New York State Commercial Food Fish License, Food Fish Landing License, and/or Summer Flounder Permit							
holders who participate in the Summer Flounder Weekly Harvest Program or Black Sea Bass Weekly Harvest							
Program only.							
*If you are not registering for the Cooperative Multi-State Program, please skip this section and complete the remaining applicable sections on the next page of the form.							
remaii	ing applicable section	s on the	next page of the i	ioriii.			
Check	the box below to registe	r for the	2024 Cooperative N	Multi-State Harvest Program.			
	<b>NEW YORK STATI</b>	E COOI	PERATIVE MUL	TI-STATE POSSESSION AND LANDING			
				AND/OR BLACK SEA BASS			
	I NOGRAW FOR 3	OIVIIVIE	IN I LOUINDER F	ANDION DEACK SEA DASS			
L							

## PLEASE COMPLETE THE REMAINDER OF THE FORM ON THE BACK.

Return this application by email:

commercial.fisheries@dec.ny.gov
or by mail:



Vessel Name:  Vessel Make/Model:		Federal Permit Number:	Vessel Registration/Documentation Number:
		Operator/Captain:	Signature:
Primary Port of	Landing in New York:		
	ATING STATE(S	) INFORMATION Rhode Island ONLY)	
`	•	,	ression and Landing Program for black sea bass.
Provide the s	tate, license number, an	d all out-of-state ports you may la	and in.
flounder and	l/or black sea bass in c	ooperating state(s).	g., copies of the licenses) to land summer se skip the section below and sign and date the
application.			se stip the section below and sign and date the
State:	License Number:	Port(s) of Landing:	
State:	License Number:	Port(s) of Landing:	
State:	License Number:	Port(s) of Landing:	
	ite possession and week		r and black sea bass will run <b>January 1, 2024</b>
Dispatch at "This is [OP summer flow approximate	631-444-0250 at least 2 ERATOR/CAPTAIN NA under and/or black sea ely [XXX] additional po	hours prior to arrival at the N' ME], on [VESSEL NAME]. I will bass at [NYS PORT], at appro	ly) MUST call NYSDEC Law Enforcement Y port of landing. Participants MUST report I be landing approximately [XXX] pounds of ximately [TIME, DATE]" and will have nding in [ALL OTHER STATES/PORTS], if tre notice.
bass and affire	m that the information provi	ded on this form is true to the best o	vest Programs for summer flounder and/or black sea of my knowledge. <u>I acknowledge that failure to comply</u> of privilege to participate in the program.

commercial.fisheries@dec.ny.gov or by mail: NYSDEC Commercial Quota Management Unit 123 Kings Park Blvd., Kings Park, New York, 11754 For more information, contact us:
P: (631) 444-0714 | F: (631) 444-0497
commercial.fisheries@dec.ny.gov