

2024 Weekly Scup ProgramRegistration Form

ALL APPLICANTS MUST HOLD A VALID 2024 FOOD FISH LICENSE OR FOOD FISH LANDING LICENSE.

CONTACT INFORMATION

First Name/Business Name:	MI:	Last Name:		New York State Food Fish License Number:	
Mailing Address:			Busine	ss Address (if different):	
Email Address:			Phone Number:		
VESSEL IDENTIFICAT	ION INF	ORMATION			
Vessel Name:		Federal Permit Number:		Vessel Registration/Documentation Number:	
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Vessel Make/Model:		Operator/Captain:		Signature:	
Primary Port of Landing in New Yor	rk:				
The weekly scup program w	vill run May	1, 2024 through June 1	5, 2024 unless othe	rwise indicated.	
Participation in the weekly tr	rip limit prog	ram is contingent on co	ompliance with the f	ollowing requirements:	
A participant may not pos	ssess or lan	d more than the weekly	trip limit of scup in	any single fishing week.	
 Multiple participants may trip per day or land more 			owever under no ci	rcumstances may a vessel take more than one	
 A maximum of two landir 4,000 lbs., participants th calendar day, by the end 	at land 1,20	00 lbs. of scup on Mond	t, is not to be exceed lay will be permitted	eded. For example, for a weekly trip limit of I to land an additional 2,800 lbs. in a single	
The fishing week for the	weekly scup	o program is Saturday t	hrough Friday.		
 A fishing vessel trip repolanding. 	rt (VTR) for	any trips where more the	nan the daily limit is	taken must be submitted within 48 hours of	
 Participants are permitted 	d to offload	scup only during the ho	ours of 6:00AM thro	ugh 8:00PM.	
program, participants mu	st notify DE	C of their intent by ema	ail at commercial.fis	ily harvest trips. To opt out of the weekly heries@dec.ny.gov . Participants may only opt- are no longer eligible to participate in the	
of landing. Participants M	IUST report Inds of scup	: "This is [OPERATÖR/	CAPTAIN NAME], c	at least two hours prior to arrival at the NY port on [VESSEL NAME]. I will be landing DATE]". Participants are NOT required to	
	my knowle	dge. I acknowledge tha	t failure to comply v	ogram and affirm that the information provided o vith <u>any program</u> <u>requirements</u> <u>shall result in the</u>	
Signed (License Holder)				Date	