

CHARTER/HEAD BOAT APPLICATIONS ARE ACCEPTED BY MAIL, FAX, EMAIL OR ONLINE.

Mail: ATTN: RECREATIONAL LICENSING, Division of Fish and Wildlife, 89 Kings Highway, Dover, DE 19901

Fax: 302-736-7925 (call to confirm); E-mail: DFWreclib@delaware.gov; Telephone: 302-739-9918

Online: <https://de.gov/DigitalDNREC> (online applications must be completed by the vessel owner)

Checks should be payable to: Division of Fish and Wildlife

Cash payments not accepted

PLEASE ALLOW 4 WEEKS FOR PROCESSING APPLICATIONS

If you wish to pay by Credit Card, please circle appropriate card type:



Name of Card Holder: _____

Billing Address: _____

Credit Card Number: _____

3-Digit Security Code: _____ Exp. Date: _____

Signature of Card Holder: _____ Date: _____

*** A signature of the card holder is REQUIRED to process payment. ***

IS THE VESSEL OWNER THE PRIMARY OPERATOR OF THE VESSEL? PLEASE CIRCLE: YES OR NO

If **Primary** operator is different from vessel owner, complete the following:

Operator 1 Last Name: _____

Operator 1 First Name: _____

Operator 1 Address: _____

Operator 1 City: _____

Operator 1 State: _____

Operator 1 Zip Code: _____

Operator 1 Phone Number: _____

Operator 1 Date of Birth: _____

***** PLEASE USE THE NEXT PAGE TO ADD ADDITIONAL OPERATORS *****

ADDITIONAL OPERATORS

Please complete the following information for each additional operator. Only the operators listed on this application will be permitted to use the charter/head boat license.

Operator 2 Last Name: _____

Operator 2 First Name: _____

Operator 2 Address: _____

Operator 2 City: _____ **State:** _____ **Zip Code:** _____

Operator 2 Phone Number: _____

Operator 2 Date of Birth: _____

Operator 3 Last Name: _____

Operator 3 First Name: _____

Operator 3 Address: _____

Operator 3 City: _____ State: _____ Zip Code: _____

Operator 3 Phone Number: _____

Operator 3 Date of Birth: _____

Operator 4 Last Name: _____

Operator 4 First Name: _____

Operator 4 Address: _____

Operator 4 City: _____ **State:** _____ **Zip Code:** _____

Operator 4 Phone Number: _____

Operator 4 Date of Birth: _____

Operator 5 Last Name: _____

Operator 5 First Name: _____

Operator 5 Address: _____

Operator 5 City: _____

Operator 5 State: _____

Operator 5 Zip Code: _____

Operator 5 Phone Number: _____

Operator 5 Date of Birth: _____

Operator 6 Last Name: _____

Operator 6 First Name: _____

Operator 6 Address: _____

Operator 6 City: _____

Operator 6 State: _____

Operator 6 Zip Code: _____

Operator 6 Phone Number: _____

Operator 6 Date of Birth: _____

Operator 7 Last Name: _____

Operator 7 First Name: _____

Operator 7 Address: _____

Operator 7 City: _____

Operator 7 State: _____

Operator 7 Zip Code: _____

Operator 7 Phone Number: _____

Operator 7 Date of Birth: _____