



**Department of Natural Resources and Environmental Control
Division of Fish and Wildlife
Charter Boat or Head Boat License Application**



This is an application for:

(Please check the appropriate box)

- Resident Head Boat\$300.00
- Non-Resident Head Boat\$600.00
- Resident Charter Boat\$150.00
- Non-Resident Charter Boat\$300.00

Vessel Owner Last Name: _____

Vessel Owner First Name: _____

Vessel Owner Middle Name: _____

Vessel Owner Physical Address: _____

Vessel Owner City: _____ State: _____ Zip Code: _____

Vessel Owner Mailing Address: _____

Vessel Owner City: _____ State: _____ Zip Code: _____

Vessel Owner Phone Number: _____

Vessel Owner Driver's License Number: _____ **Must attach copy**

Vessel Owner Social Security Number: _____ - _____ - _____

Vessel Owner Date of Birth: _____

Vessel Owner Captain's License: _____ **Must attach copy**

If the vessel owner is not a licensed captain, a copy of the primary operator's captain license must be attached.

Boat Registration or Documentation Number: _____ **Must attach copy**

Must be valid and registered or documented for Commercial Passenger use.

Company Name (if applicable): _____

Vessel Owner EI Number (if applicable): _____

Boat Name: _____ Boat Length: _____

Boat Capacity (Passengers): _____ Home Port or Area of Operation: _____

Signature of Vessel Owner

Date

Amount Enclosed

***** Please remember to enclose copies of the mandatory items required to process your application. *****

***** Licenses cannot be processed without this information. *****

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: DFWreclis@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

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. ***

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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: _____