

# SPORT FISHING LICENSE APPLICATION

## DIRECTIONS FOR SUBMITTING APPLICATION

1. Print the application form
2. Complete all personal information
3. Place an "X" in the box next to the license you wish to obtain – If requesting a Boat License, include boat length and State Registration Number
4. Sign the form; enclose a check or money order for the amount indicated beside the type of license you wish to obtain
5. The check or money order should be made payable to **Potomac River Fisheries Commission**
6. Mail the completed application form along with your check or money order to:

**Potomac River Fisheries Commission**  
**PO Box 9**  
**Colonial Beach, VA 22443**



SPORT FISHING LICENSE  
POTOMAC RIVER FISHERIES COMMISSION  
P.O. BOX 9  
COLONIAL BEACH, VIRGINIA 22443



### POTOMAC RIVER FISHERIES COMMISSION

PLEASE PRINT CLEARLY – VALID THROUGH DECEMBER 31

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    Height \_\_\_\_\_ Ft. \_\_\_\_\_ In.    Sex \_\_\_\_\_    Telephone Number \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I do hereby certify under the penalty for perjury that I am the owner of the boat listed, if any, and that all statements made herein are true.

X \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place an "X" in the box of license you wish to obtain.

- |   |         |
|---|---------|
| <input type="checkbox"/> Individual MD/VA Resident                  | \$15.00 |
| <input type="checkbox"/> Individual Not MD/VA Resident              | \$22.50 |
| <input type="checkbox"/> Individual 10 Day Short-Term               | \$10.00 |
| <input type="checkbox"/> Sr. Individual ( <i>born before 1946</i> ) | \$5.00  |

If you are applying for a boat license give the:      Length \_\_\_\_\_ ft. \_\_\_\_\_ in.

State Registration # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

or, if Documented, Reg. Name \_\_\_\_\_

- |   |         |
|---|---------|
| <input type="checkbox"/> MD/VA Resident (incl. personal lic.) | \$48.00 |
| <input type="checkbox"/> Non Resident (incl. personal lic.)   | \$50.00 |

**DO NOT WRITE IN THIS BOX**

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cash / MO \_\_\_\_\_ Check \_\_\_\_\_

By \_\_\_\_\_ Total \$ \_\_\_\_\_

REV. 7/14