

WDFW-820 (Rev. 5-2014) Washington Department of Fish and Wildlife Application for Emerging Commercial Fishery License for the Year 2014 Incomplete applications will not be excepted		Department Use		
		License Number	Payment Receipt	
		License Type ECF-CR		
		Resident		Non-Res
		\$290.00	\$400.00	
		<i>(See note below)</i>		
Gear Type (must choose ONE)		Species	License District	
<input type="checkbox"/> BEACH SEINE <input type="checkbox"/> PURSE SEINE		SALMON	COLUMBIA RIVER	
Applicant Name		Supplemental Information		
Last Name First Name MI		Persons submitting a completed application must possess or be an owner/operator registered under a current Columbia River salmon license issued in Washington or Oregon. Additional information provided in this application will also be used to help determine eligibility for a random drawing for an experimental permit, which is required in order to participate in Columbia River seine fisheries.		
Street Address				
Mailing Address				
City State Zip				
Phone Number		Columbia River License Information		
Primary:		Columbia River Permit/License #	State Issued	
Alternate:			<input type="checkbox"/> Washington <input type="checkbox"/> Oregon	
		Designation of Applicant on Columbia River License/Permit		
		<input type="checkbox"/> License Owner <input type="checkbox"/> Primary Operator <input type="checkbox"/> Alternate Operator		
		Columbia River Salmon Landings		
		Applicant has landed salmon in Oregon or Washington from mainstem or Select Areas under the Col R license listed above within the past 2 calendar years (2012-2013)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Applications must be received by midnight June 20, 2014		Rank of Preferred Columbia River Fishing Zone(s)		
APPLICATION AND LICENSE FEES WILL BE DUE ONLY IF DRAWN FOR AN EXPERIMENTAL FISHERY PERMIT. APPLICATION FEES ARE NON-REFUNDABLE. <i>Oregon permits and related fees will be issued by ODFW.</i> <input type="checkbox"/> I have been a resident of Washington for the previous 90 days and am not licensed as a resident in another state. <input type="checkbox"/> I am not a resident of Washington State. I hereby certify under penalty of perjury under the law of the state of Washington that the above information is true and correct. Providing false information may invalidate this license.		_____ Zone 1 Ranking is REQUIRED		
		_____ Zone 2 Rank in order of preference (1-5)		
		_____ Zone 3 #1 being the highest rank		
		_____ Zone 4 Leave blank if no desire to fish in a Zone.		
		_____ Zone 5		
		SUBMIT APPLICATION TO: Washington Dept of Fish & Wildlife		
		USPS: Mailing address	Phone: 360-902-2464 opt 4 TDD 360-902-2207	
		Commercial Licensing 600 Capitol Way N Olympia WA 98501	FAX: 360-902-2945	
		Fed-Ex or UPS use this Physical Address: 1111 Washington St SE Olympia WA 98501	EMAIL: Commercial.sales@dfw.wa.gov	
Signature _____ Date _____				
Print Name _____				