

WDFW-820 (Rev. 5-2014) Washington Department of Fish and Wildlife Application for Emerging Commercial Fishery License for the Year 2015 Incomplete applications will not be excepted			Department Use			
			License Number		Payment Receipt	
			License Type			
			ECF-CR			
			Resident	Non-Res		
\$290.00		\$400.00				
(See note below)						
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. Columbia River License Information Columbia River Permit/License # State Issued <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 (2013-2014) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address						
Mailing Address						
City State Zip						
Phone Number						
Primary:						
Alternate:						
Applications must be received by midnight June 8, 2015 APPLICATION AND LICENSE FEES WILL BE DUE <u>ONLY</u> IF DRAWN FOR AN EXPERIMENTAL FISHERY PERMIT. APPLICATION FEES ARE NON-REFUNDABLE. Oregon permits and related fees will be issued by ODFW. <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.						
Signature _____ Date _____ Print Name _____			Indicate Expected Columbia River Fishing Zone(s)			
			_____ Zone 2 Please indicate what zone(s) you would expect to be seine fishing in. _____ Zone 3 _____ Zone 4 (~upstream of Bachelor Island)			
SUBMIT APPLICATION TO: Washington Dept of Fish & Wildlife						
USPS: Mailing address Commercial Licensing 600 Capitol Way N Olympia WA 98501			Phone: 360-902-2464 opt 4 TDD 360-902-2207 FAX: 360-902-2945 EMAIL: Commercial.sales@dfw.wa.gov			
Fed-Ex or UPS use this Physical Address: 1111 Washington St SE Olympia WA 98501						