COMMERCIAL SPINY DOGFISH LIMITED ENTRY FISHERY
PERMIT TRANSFER EXCEPTION APPLICATION

Regulation 4 VAC- 20-490-44D. The Commissioner, or his designee, may grant exceptions to prohibition against transfers of the Spiny Dogfish Limited Entry Fishery Permit, as described in subsection B of this section, to any individual who meets any of the following criteria:

1. shall demonstrate a significant hardship, on the basis of health, and shall provide the Commissioner documentation, by an attending Physician, of the medical condition.
2. shall demonstrate a significant hardship, on the basis of a call to active military duty, and shall provide the Commissioner an explanation, in writing, and copy of the military orders for active duty.
3. shall document the retirement or death of the immediate family member permitted for the spiny dogfish limited entry fishery and shall possess a legal Commercial Fisherman Registration License.

Name of current permit holder (Transferor): _____________________________________
MRC ID: _______________ Phone Number: ____________________________
Street Address: ___________________________________________________________
City: ________________________ State: _____________ __ Zip Code: _________

Name of Transferee: _______________________________________________________
MRC ID: ________________ Phone Number: ____________ _________________
Street Address: ___________________________________________________________
City: ________________________ State: _____________ ___ Zip Code: _________

______________________________ ____________________ ______________
Signature of Transferor                      Signature of Transferee
To be filled out by Notary Public for Transferor To be filled out by Notary Public for Transferee
State: __________ City/County: ________________
To wit: I, __________________________________, a Notary Public, hereby certify that
Whose name is subscribed above, has acknowledged the same before me in my State aforesaid.
Given under my hand this ____day of ______, 20__.  
______________________________ ____________________ ______________
Notary Signature             Notary Signature

PLEASE INCLUDE ANY SUBSEQUENT DOCUMENTATION AS PROVIDED FOR BY SECTION 44D OF REGULATION 4 VAC 20-490-10 ET SEQ. WITH THIS FORM FOR REVIEW.

_______________________________________________       Date: __________________
Signature of Commissioner or designee