



Instructions: This form may be used to apply for a Green Crab Letter of Authorization

Applicant Information	
First Name:	Last Name:
Street Address:	
City:	
Zip Code:	
State:	
Phone #:	
E-mail address:	
Section 2. Please select the type of permit you are applying for:	
<input type="checkbox"/>	Commercial Existing Permit ID #:
<input type="checkbox"/>	Recreational Existing Customer ID #:

Section 3. Certification/Signatures

I certify under the pains and penalties of perjury that all information contained in the application is true and accurate to the best of my knowledge and belief.

Signature _____ Date _____
(Signature of applicant)

Use the following checklist to reduce the risk of making errors in completing this application, and a subsequent delay in processing. Please allow 3 weeks for processing by mail.

- Complete all the requested information above.
- Make sure you check off the permit type you are applying for and enter permit ID number.

Permit applications can be mailed to:

Division of Marine Fisheries
30 Emerson Ave
Gloucester, MA 01930

OR EMAIL TO:

George.Davis@mass.gov