

LIMITED FISH SELLER PERMIT APPLICATION



Oregon Department of Fish & Wildlife
4034 Fairview Industrial Drive SE
Salem, OR 97302-1142
Phone 503-947-6101 FAX 503-947-6117

For ODFW Use Only	
Date/Initials	
Approved	_____
Lic/Rpts	_____
Fish Tkts	_____

The Limited Fish Seller Permit allows a properly licensed fisher to sell all species of commercially caught food fish and shellfish. The fish and shellfish must be:

- 1) Caught by the vessel owned or operated by the fisher,
- 2) Sold by the fisher off the vessel (in the water), and
- 3) Sold to the ultimate consumer (By definition, a restaurant is also considered an ultimate consumer).

See the "**Limited Fish Seller Permit Information**" sheet or the Oregon Administrative Rules for more information.

(Check one): <input type="checkbox"/> First Time Application (\$200 Deposit/Bond required) <input type="checkbox"/> Application for renewal
(Check one): <input type="checkbox"/> Resident - \$102 <input type="checkbox"/> Non-Resident - \$152
Limited Fish Seller Permit Number _____

Fisherman Information:
Name (one individual) _____
Physical Address _____
City, State, Zip Code _____
Mailing Address: _____
City, State, Zip Code _____
Email _____ Phone Number _____
Date of Birth: _____ SSN: _____ Driver's License: State ___ No. _____

Primary Vessel and Selling Location:
Federal Document or Marine Board No. _____ Vessel Name _____
Dock _____ Port _____ Comm. Fishing (or Tuna) License # _____

Limited Fish Sellers must complete an "estimated" fish ticket, prior to selling, indicating the estimated number of fish on board. Limited Fish Sellers keep track of each day's sales on the fish ticket and, upon completion of final sales, complete and forward the fish ticket to ODFW Salem. For information on obtaining fish tickets or registering for electronic tickets, contact Commercial Fisheries at (503) 947-6247.

Signature of Applicant _____ Date: _____

Payment Options: Visa/MasterCard/Discover Check or Money Order (Mail Order only)

CARD #: _____ - _____ - _____ - _____ EXP DATE: _____ (MM/YY) CVC# _____

SIGNATURE OF CARDHOLDER: _____