



**RHODE ISLAND**  
**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
235 Promenade Street, Providence, RI 02908-5767      TDD 401-222-4462  
Office of Boat Registration & Licensing  
3<sup>rd</sup> Floor, Room 360 (401) 222-6647

**Multipurpose Vessel License**

There will be a total of 15 new RI Multipurpose Vessel Licenses issued in 2026. The multipurpose vessel license shall allow the vessel owner to designate any operator to engage in commercial fishing for all marine species aboard their owned vessel, provided the vessel owner has consigned a 2026 multipurpose fishing license to the department. The department may then re-issue the consigned multipurpose fishing license to the commercially declared fishing vessel as a multipurpose vessel license. To obtain a Multipurpose Vessel License, the following information is required:

- Signed & completed application, fee One Thousand Dollars (\$1,000.00) - check or money order payable to RI DEM, or credit card, convenience fees apply to credit card payments – Note: License fee of \$1000.00 charged only if successful applicant, please do not submit payment with this application
- Copy of 2026 RI Multipurpose Commercial Fishing License
- Copy of USCG Documentation/ State Registration for the vessel receiving the license
- Completed Taxpayer Certification
- Documentation of RI based commercial fishing landings to meet activity standards
- For individual vessel owners, please submit Social Security Number- see attached Taxation Certification
- Partnerships, Corporations or LLC Corporations which own the vessel, please submit FEIN- See attached Taxation Certificate  
For Partnership or Corporation Vessel owners, please submit either "Partnership Agreement" or "Corporation Papers" & Disclosure Form- Yearly Requirement.  
LLC Corporation vessel owners complete Certificate of Disclosure or Corporation of LLC & submit Certificate of Organization
- Partnerships, Corporations or LLC Corporations which own the vessel, please submit attached Certificate of Authority
- Mail or deliver application (by February 28, 2026) & supporting documentation to:  
**State of RI DEM - Office of Boat Registration & Licensing**  
**235 Promenade St. Room 360, Providence, RI 02908**  
**Office hours are M-F 8:30am until 3:30pm**

**Very Important:** The Multipurpose Commercial Fishing License to be consigned for issuance of the new Multipurpose Vessel License must be renewed for the current license year.

**It will be helpful to include a telephone number and contact person when obtaining a license so we may contact you with any questions. Thank you for your cooperation.**



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Customer ID # \_\_\_\_\_ (Office use only)

**STATE OF RHODE ISLAND APPLICATION FOR MULTIPURPOSE VESSEL LICENSE**

**Please Print:**

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Multipurpose Commercial Fishing License Holder Name

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Multipurpose Commercial Fishing License Number

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: RI Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Commercial Fishing Vessel Owner

Vessel Name: \_\_\_\_\_

USCG Doc#/State Reg #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: RI Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Optional)

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Social Security Number or FEIN (See Taxpayer Certification Form)

\_\_\_\_\_ **Multipurpose Vessel License**      **\$1000.00**

\*Under penalty of law I certify that the foregoing statements are true.

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Applicant's Signature

Date

E Mail address: \_\_\_\_\_



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**Taxpayer Certification**

You are required to furnish your Social Security # or FEIN pursuant to Chapter 76 of Title 5 and Chapter 3 of Title 31 of the RI General Laws, as amended. Any person applying for any license or permit to conduct a business or occupation within Rhode Island or any person renewing a motor vehicle operators license or motor vehicle registration within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator. Failure to provide the Department with your Social Security # or FEIN will result in you having to obtain a Letter of Good Standing from the RI Division of Taxation Collections Section One Capitol Hill Providence, RI 02908 **PRIOR** to the issuance or renewal of your license. If you have any questions regarding your tax status, please contact Taxation directly at (401) 574-8829.

***I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.***

Social Security # or FEIN \_\_\_\_\_

Commercial Lic # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Please submit this Certification, Letter of Good Standing or Installment Agreement along with your marine license application to the

RI DEM Office of Boat Registration & Licensing  
235 Promenade St. Room 360  
Providence, RI 02908



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**CERTIFICATE OF DISCLOSURE OF PARTNERSHIP**

1. Name of partnership (if any) \_\_\_\_\_

2. Name of Individuals having legal title to the property identified in item #4:

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3. Name and place of residence of each partner, general and limited partners being respectively designated:

Name \_\_\_\_\_

Address \_\_\_\_\_

Type of Partner \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Type of Partner \_\_\_\_\_

I hereby under oath make affidavit in my capacity as a partner and state that this certificate of disclosure is complete, true and correct.

Signature of Partner Filing Certificate \_\_\_\_\_

Date \_\_\_\_\_

State of RI county of \_\_\_\_\_ Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission expires \_\_\_\_\_

E Mail address: \_\_\_\_\_



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**CERTIFICATE OF DISCLOSURE OF CORPORATION**

I, \_\_\_\_\_ Secretary of \_\_\_\_\_  
(state full name of corporation) under oath make affidavit and say that the following officers and directors  
of said \_\_\_\_\_ Corporation having been duly elected and/or appointed there to  
President \_\_\_\_\_ Vice President \_\_\_\_\_  
Treasurer \_\_\_\_\_ Secretary \_\_\_\_\_

State of in corporation \_\_\_\_\_  
Principal place of business address \_\_\_\_\_  
Telephone number \_\_\_\_\_

**Directors**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

**Stockholders**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_(Secretary) \_\_\_\_\_(Date)

In witness whereof I have hereunto set my hand and seal of the said \_\_\_\_\_  
(hereunto duly authorized) this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
By \_\_\_\_\_ its Secretary \_\_\_\_\_

State of RI county of \_\_\_\_\_ Subscribed and sworn to before me on this  
\_\_\_\_\_  
day of \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission expires \_\_\_\_\_

E Mail address: \_\_\_\_\_



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## **Certificate of Disclosure of Corporation of LLC**

1. Name of Dealer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
  2. State Of Organization: \_\_\_\_\_
  3. Principal Place Of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
  4. State Registration of Vehicle(s) used to transport fishery products: \_\_\_\_\_

## Members:

I hereby under oath make affidavit in my capacity as Manager or Managing Member and state that this certificate of disclosure is complete, true and correct.

### **Manager or Managing Member**

Date

In witness whereof I have hereunto set my hand and seal of the said

(Hereunto duly authorized) this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By \_\_\_\_\_ its Manager or Managing Member

**State of Rhode Island County of**

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public My commission expires \_\_\_\_\_

E Mail Address: \_\_\_\_\_



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## CERTIFICATE OF AUTHORITY

I, \_\_\_\_\_, the under signed, hereby certify that I am the  
*(Name of Witness from corporation signing Certificate of Authority (COA) [cannot be lease Signer])*

the foregoing instrument with the State of Rhode Island; that \_\_\_\_\_  
*(Corporation name)*

is organized under the laws of the State of Rhode Island that \_\_\_\_\_  
*(Name of lease Signer)*

who executed said instrument as *(Title of lease Signer)* of *(Corporation name)* what has been

duly authorized to execute said instrument on behalf of \_\_\_\_\_; that I know  
(Corporation Name)

the signature of said \_\_\_\_\_ and that the signature affixed to such  
(*Name of lease Signer*)

instrument is genuine.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal this \_\_\_\_\_, day of  
(Day number)

\_\_\_\_\_, 20\_\_\_\_ A.D.  
(Month) (year)

By: \_\_\_\_\_  
Title: \_\_\_\_\_

STATE OF RHODE ISLAND  
COUNTY OF

In \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, of \_\_\_\_\_, to me known and known by me to be the party executing the foregoing instrument on behalf of \_\_\_\_\_ and he/she acknowledged said instrument and the execution thereof, to be his/her free act and deed and the free act and deed of \_\_\_\_\_.

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Notary Public  
My Commission Expires: \_\_\_\_\_  
ID#: