



Office of Boat Registration & Licensing
 3rd Floor, Room 360 (401) 222-6647

STATE OF RHODE ISLAND
APPLICATION FOR PROPAGATING LICENSE
R.I. GL 20-17-1-11

New or Renewal – Circle One

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Hair Color: _____ Weight: _____ Eye Color: _____ Height: _____

*If additional information is needed please provide us with one of the following:

Phone number: _____ or Email address: _____

- | | |
|--|----------------|
| _____ Non- Commercial (to keep within an enclosure) | \$ 5.00 |
| _____ Commercial (engage in commercial raising & selling) | \$25.00 |
| _____ Slaughtered Game Birds (sell slaughtered game birds) | \$25.00 |

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

 Applicant's Signature* Date

Notes: Checks/Money Orders payable to State of RI – DEM & mail or deliver to the address below
Mail to: RI DEM, 235 Promenade St., Room 360, Providence, RI 02908