



**DEM**  
RHODE ISLAND



**RHODE ISLAND**

**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**DIVISION OF MARINE FISHERIES**

Three Fort Wetherill Road

Jamestown, Rhode Island 02835

## Large Whale Gear Modification Assistance Plan Affidavit and Application for Eligible Fishery Participants from Rhode Island

This form serves as both an Affidavit and an Application for Assistance from the Rhode Island Department of Environmental Management to support lobster and Jonah crab fishing end line modifications or replacement. This form must be completed in full, notarized, and hand delivered or postmarked during the application period to one of the following RIDEM Offices during regular business hours (M-F, 8:30 am–4:00 pm). The application period begins July 31<sup>st</sup> and ends Aug 11<sup>th</sup>, 2023. No applications will be accepted after the close of the application period. Please contact Scott Olszewski (401-423-1934; [scott.olszewski@dem.ri.gov](mailto:scott.olszewski@dem.ri.gov)) with any questions about the application or program.

Marine Fisheries  
3 Fort Wetherill Road  
Jamestown, RI 02835  
(401-423-1923)

Coastal Resources  
301 Great Island Road  
Narragansett, RI 02882  
(401-783-5551)

### Section 1

#### Applicant Information – Individual Rhode Island Resident Information

Name: \_\_\_\_\_  
*First Last M.I. Suffix (e.g., Jr.)*

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City RI State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the mailing address provided above also your actual place of residence? YES  NO   
If no, please provide your actual place of residence below.

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Are there any other phone numbers or email addresses that would be suited for contacting you regarding this application? If so, provide below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Applicants please complete all fields. Additional space is provided on page 7 for fishers/businesses with multiple vessels.

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

State/Coast Guard Registration #: \_\_\_\_\_

Federal Permit : \_\_\_\_\_

RI Commercial Fishing License Number/landing Permit: \_\_\_\_\_

RI Commercial Fisherman Name: \_\_\_\_\_

Lobster Trap Allocation (LTA): \_\_\_\_\_

Is your vessel commercially declared in Rhode Island? YES  NO

**Eligibility – Participant Status**

I self-certify and attest that (initial each statement below):

\_\_\_\_\_ I am a resident of the State of Rhode Island.

\_\_\_\_\_ I am 18 years of age or older.

\_\_\_\_\_ I am currently engaged in the commercial lobster and Jonah crab fishery in Rhode Island.

\_\_\_\_\_ The state license holder or federal vessel permit has at least 40 lobster or Jonah crab landings during 2021 and 2022 (all landings may have occurred in a single year).\*

\*In cases where there are less than 40 legal Rhode Island landings, and 1 or more of those landings is associated with a multi-day trip(s), Vessel Trip Reports and days fished from those trip(s) may be used.

**Section 2**

**Gear Configuration**

I self-certify and attest that my gear configuration is as follows (fill in the answers below):

Number of trawls: \_\_\_\_\_

Number of traps per trawl: \_\_\_\_\_

Average vertical line length (in feet): \_\_\_\_\_

**Gear Claim**

At this time, the line you will receive is 1/2-inch braided Neocorp line with a black and green tracer. Additional weak line types are becoming certified and available and may be acquired outside of this program.

**Directions:** This relief program is for LCMA 3 permitted vessels only. Please fill out section A.

**A. LCMA 3**

**Please calculate the amount of line you are requesting using the following directions.**

$$\frac{\text{Number of trawls}}{\text{Avg. vertical line length (ft.)}} \times 0.75 = \frac{\text{Requested line length (ft.)}}{\text{Requested line length (ft.)}}$$

**Section 3**

**Comments**

Please use the space below to provide any comments relative to your application.

## Section 4

### Notification

RIDEM will notify all applicants regarding the Department's decision regarding their application. That notification will be in the form of a Letter of Eligibility. Upon receipt of that letter, applicants will have a firm 15-day period during which they may appeal the Department's decision. Given the importance of timely notification, select one of the following three options for how you wish to be notified (*initial your preferred option*):

\_\_\_\_\_ Notify me via certified mail

\_\_\_\_\_ Call me when my letter is ready. I will pick it up within three (3) days at RIDEM's Division of Marine Fisheries, 3 Fort Wetherill Road, Jamestown, RI during regular business hours (M-F 8:30 am - 4:00 pm)

\_\_\_\_\_ Call me when my letter is ready. I will pick it up within three (3) days at RIDEM's Division of Coastal Resources, 301 Great Island Road, Narragansett, RI during regular business hours (M-F 8:30 am - 4:00 pm)

## Section 5

### Confidentiality

Information provided to RIDEM via this application process will be kept confidential, except for any information that may be subject to public disclosure, upon request, pursuant to the RI Public Records Act. Information or documentation pertaining to income, landings, and gear configuration is not subject to such public disclosure.

## Section 6

### Certification and Consent

By completing, initialing, and signing this affidavit and applying for assistance I:

- A. Certify and attest that the sole purpose of the assistance is to implement lobster and Jonah crab fishing end line modifications or replacement.
- B. Certify and attest to having the documentation/records to support the losses recorded on this form, that were used for the basis of eligibility. Further, I agree to maintain these



**Additional Vessel information (if needed)**

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

State/Coast Guard Registration #: \_\_\_\_\_

Federal Permit (if applicable): \_\_\_\_\_

RI Commercial Fishing License Number/landing Permit: \_\_\_\_\_

RI Commercial Fisherman Name: \_\_\_\_\_

Lobster Trap Allocation (LTA): \_\_\_\_\_

Is your vessel commercially declared in Rhode Island? YES  NO

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

State/Coast Guard Registration #: \_\_\_\_\_

Federal Permit (if applicable): \_\_\_\_\_

RI Commercial Fishing License Number/landing Permit: \_\_\_\_\_

RI Commercial Fisherman Name: \_\_\_\_\_

Lobster Trap Allocation (LTA): \_\_\_\_\_

Is your vessel commercially declared in Rhode Island? YES  NO

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

State/Coast Guard Registration #: \_\_\_\_\_

Federal Permit (if applicable): \_\_\_\_\_

RI Commercial Fishing License Number/landing Permit: \_\_\_\_\_

RI Commercial Fisherman Name: \_\_\_\_\_

Lobster Trap Allocation (LTA): \_\_\_\_\_

Is your vessel commercially declared in Rhode Island? YES  NO

\*\*\*\*\*For Internal Use Only\*\*\*\*\*

Date and Time Application Received by RIDEM staff:

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Name of RIDEM staff receiving application:

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Signature of RIDEM staff receiving application:

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