



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

STATE OF RHODE ISLAND

APPLICATION FOR TRAPPING LICENSE
Under Provisions of R.I. GL 20-16-7 through 20-26-13 as amended

Current License No. for Renewal _____

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: _____

_____ **Resident** **\$10.00** _____ **Non-Resident** **\$30.00**

Resident:

Note: If New applicant a Copy of the Rhode Island Driver's License is required.

*Under penalty of law I certify that the foregoing statements are true, and I have been for 6 months proceeding the date hereof, a resident of the state of Rhode Island

 Signature of Resident Date

Non-Resident:

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

 Signature of Non-Resident 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