



**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 Jan. 24<sup>th</sup> and ends Feb. 7<sup>th</sup>, 2022. 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)

**NOTE: Narragansett Bay north of the COLREG demarcation line and Rhode Island coastal ponds are exempt from the requirements of the Large Whale Take Reduction Plan.**

**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 (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

**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/or Jonah crab fishery in Rhode Island.

\_\_\_\_\_ The state license holder or federal vessel permit has at least 20 landings of lobster and/or Jonah crab during 2019 - 2021 (all landings may have occurred in a single year).\*

\*In cases where there are less than 20 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: \_\_\_\_\_

Number of singles (if applicable): \_\_\_\_\_

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

**Gear Claim**

If approved, would you like to receive line or links? (check one or both):      LINE  LINKS

At this time, if you request line you will receive 3/8-inch braided Neocorp line with gray tracer. Additional weak line types are becoming certified and available and may be acquired outside of this program.

**Directions:** If you fish LCMA 2, fill out section A. If you fish LCMA 3, fill out section B. If you selected both line and links, you must fill out the two corresponding sub-sections under A or B.

If you selected both line and links, the number of trawls used to determine the amount of gear requested cannot exceed the number of trawls provided within the gear configuration section.

**A. LCMA 2**

**If you selected line, calculate the amount of line using the following directions.**

***If you fish trawls:***

$$\frac{\text{Number of trawls}}{\text{Number of trawls}} \times 2 \times \frac{\text{Avg. vertical line length (ft.)}}{\text{Avg. vertical line length (ft.)}} \times 0.75 = \frac{\text{Requested line length (ft.)}}{\text{Requested line length (ft.)}}$$

***If you fish singles:***

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

**If you selected weak links, calculate the amount of links using the following directions.**

***If you fish trawls with average vertical line length greater than 60ft:***

$$\left( \left( 0.75 \times \frac{\text{Avg. vertical line length (ft.)}}{\text{Avg. vertical line length (ft.)}} \right) / 60 \right) \times \frac{\text{Number of trawls}}{\text{Number of trawls}} \times 2 = \frac{\text{Number of weak links}}{\text{Number of weak links}}$$

***If you fish singles with average vertical line length greater than 60ft:***

$$\left( \left( 0.75 \times \frac{\text{Avg. vertical line length (ft.)}}{\text{Avg. vertical line length (ft.)}} \right) / 60 \right) \times \frac{\text{Number of traps}}{\text{Number of traps}} = \frac{\text{Number of weak links}}{\text{Number of weak links}}$$

***If you fish trawls with average vertical line length less than 60ft:***

$$\frac{\text{Number of trawls}}{\text{Number of trawls}} \times 2 = \frac{\text{Number of weak links}}{\text{Number of weak links}}$$

***If you fish singles with average vertical line length less than 60ft:***

$$\frac{\text{Number of traps}}{\text{Number of traps}} = \frac{\text{Number of weak links}}{\text{Number of weak links}}$$

## B. LCMA 3

If you selected line, calculate the amount of line using the following directions.

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

If you selected weak links, calculate the amount of line using the following directions.

$$\left( \left( 0.75 \times \frac{\text{Requested line length (ft.)}}{\text{Avg. vertical line length (ft.)}} \right) / 60 \right) \times \text{Number of trawls} = \frac{\text{Number of trawls} \times \left( \left( 0.75 \times \frac{\text{Requested line length (ft.)}}{\text{Avg. vertical line length (ft.)}} \right) / 60 \right)}{\text{Number of weak links}}$$

## 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

records for a period of no less than three (3) years after the close of the primary gear award and agree to make these records available upon request from the State of Rhode Island.

- C. Consent to allowing RIDEM to use SAFIS data, VTRs, and dockside sales reports to verify the information contained in this application and waive any and all confidentiality pertaining to this information as it relates to this application.
- D. Certify and attest, under the penalties of perjury, that information and representations set forth in and by this application are true, accurate, and complete.

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Applicant Last Name (please print)	First	MI
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Applicant Signature	Date
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**Notarization**

STATE OF RHODE ISLAND COUNTY OF \_\_\_\_\_

In \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_ 2022, before me personally appeared \_\_\_\_\_ to me known and known by me to be the party executing the foregoing Affidavit, and they acknowledged said instrument executed by them to be their free act and deed.

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Notary Public

My Commission expires: \_\_\_\_\_

**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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