

## VMRC COMMERCIAL ELECTROFISHING APPLICATION FORM

Must be received by VMRC by the first day of February

DATE OF APPLICATION		MRC ID
FIRST NAME	LAST NAME	
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER (	)	_
EMAIL		_
DO YOU HAVE AN ACTIVE CFRL	? Yes or No (Circle One)	
WHAT RIVERS ARE YOU WILLING	G TO WORK? (Circle All That App	oly)
JAMES	PAMUNKEY	RAPPAHANNOCK
If you are willing to work more than one river, please indicate here if you prefer one over the others:		
SIGNATURE OF APPLICANT:		DATE:
For Staff Use Only		
Date Received:		

Form Revised: 12/13/2019