

NEW JERSEY DIVISION OF FISH & WILDLIFE
2016 Striped Bass Bonus Program
Individual Participant Application and
Child Support Application

Date _____ Saltwater Registry # _____

Name _____
Last First Middle Initial

Address _____
Number and Street

City _____ State _____ Zip Code _____

County _____ Date of Birth _____

Daytime Telephone Number: _____
Area Code Number

Email address _____

MAIL COMPLETED FORM TO: Division of Fish and Wildlife
Striped Bass Bonus Program
P.O. Box 418
Port Republic, NJ 08241

**YOU MUST ENCLOSE A SELF-ADDRESSED, STAMPED, #10 BUSINESS ENVELOPE
FOR EACH APPLICANT TO RECEIVE ONE FISH POSSESSION PERMIT.**

Applications will be processed in the order of receipt.

The Division has developed a voluntary Bonus Program e-mail list for special notices, regulation updates, emergency closures, etc. Go to njfishandwildlife.com and click on "E-mail Lists" to subscribe to the "Marine Fisheries" list.

*NJ Division of Fish and Wildlife (Division) staff are now responsible for conducting field interviews for the **Access-Point Angler Intercept Survey (APAIS)**. As a participant of the Striped Bass Bonus Program, your cooperation with Division staff is expected and appreciated. Please be aware that Division staff may request a short interview upon arrival at the dock, ramp, or marina. *

DIVISION OF FISH & WILDLIFE USE ONLY

Fish Possession Permit # Issued _____ Duplicate
Check _____

Date Mailed to Applicant _____ Initials _____

NJDEP Division of Fish and Wildlife

SUPPLEMENTAL LICENSE APPLICATION
Child Support Certification Form - Marine Fisheries

Social Security Number ____ - ____ - _____

Calendar Year 20 ____

Please certify, under penalty of perjury, the following:

- | | | |
|-------------------------------------------------------------------------------------------------------|-----|----|
| a. Do you currently have a child-support obligation? | yes | no |
| (1) If "Yes," are you in arrears in payment of said obligation? | yes | no |
| (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? | yes | no |
| b. Have you failed to provide any court-ordered health insurance coverage during the past six months? | yes | no |
| c. Have you failed to respond to a subpoena related to either paternity or child-support proceeding? | yes | no |
| d. Are you the subject of a child-support related arrest warrant? | yes | no |

In accordance with N.J.S.A. 2A:17-56.44d, an answer "Yes" to any of the questions (2) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including but not limited to, immediate revocation or suspension of licensure or certification.

_____	_____	_____
Date	Applicant's Name (Please Print)	Applicant's Signature

* Pursuant to N.J.S.A. 2A17-56.44e. of the New Jersey Child Support Enforcement Law, the Division of Fish and Wildlife is required to obtain your Social Security Number. The Division is further obligated to provide your Social Security Number to the Probation Division or other agency responsible for child support enforcement.