

**NEW JERSEY DIVISION OF FISH & WILDLIFE**  
**2017 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 & SELF-ADDRESSED, STAMPED # 10 BUSINESS ENVELOPE TO:**

NJ 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. Please allow several weeks for processing.**

The Division has developed a voluntary Bonus Program e-mail list for special notices, regulation updates, emergency closures, etc. Go to [njfishandwildlife.com](http://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**

Bonus Permit # Issued \_\_\_\_\_ Duplicate Check \_\_\_\_\_

Date Mailed to Applicant \_\_\_\_\_ Initials \_\_\_\_\_

**SUPPLEMENTAL LICENSE APPLICATION**  
**Child Support Certification Form**

\* 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.

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Date \_\_\_\_\_ Applicant's Name (Please Print) \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

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**Agency Use:**  
**License Type** \_\_\_\_\_  
**Number** \_\_\_\_\_

\* 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.