



LIMITED FISH SELLERS REGISTRATION FORM

NAME OF VESSEL _____

OWNERS NAME _____

CONTACT INFORMATION

PHONE # _____

CELL # _____

LIMITED FISH SELLERS #
(ODF&W'S # FOR YOUR LICENSE) _____

SLIP # AND BRIEF DESCRIPTION ON WHERE YOUR VESSEL
WILL BE MOORED WHEN SELLING FISH _____

THE FOLLOWING IS INFORMATION PROVIDED BY THE DEPARTMENT OF AGRICULTURE PERTAINING TO FILLETING FISH ON YOUR VESSEL. PLEASE COMPLY WITH THE FOLLOWING GUIDLINES. THE DEPARTMENT OF AGRICULTURE AND THE LINCOLN COUNTY HEALTH DEPARTMENT ARE AWARE OF OUR SCHEDULE OF EVENTS FOR THE WILD SEAFOOD WEEKEND INCLUDING THE WILD FISH WALK. IF YOU HAVE ANY QUESTIONS ABOUT THESE GUIDLINES YOU CAN CONTACT JOHN PAEITH AT THE OREGON DEPARTMENT OF AGRICULTURE.

PLEASE MAKE CHECKS PAYABLE TO THE NEWPORT FISHERMENS WIVES. \$100 FEE IS TO COVER THE ADVERTISING COST FOR THE WILD SEAFOOD WALK MAP AND ADVERTISING IN THE WILD SEAFOOD PROGRAM GUIDE. You will need to email your photo, if providing, to Jim Meyers at: beachbum55@charter.net

Please mail payments to: PO Box 971, Newport, OR 97365

**If you have any questions, contact:
Cari Hamrick 541-961-7209, or Lisa Newell 541-270-6332**