



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 TO WORK? (Circle All That Apply)

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: