MS Department of Marine Resources Public Float Plan

APPLICANT NAME: _____

VESSEL OWNER NAME: _____

VESSEL CAPTAIN NAME: _____

PLANNED DESTINATION(S): _____

NUMBER OF PASSENGERS: _____

VESSEL INFORMATION

OFFICIAL VESSEL NUMBER: _____

VESSEL NAME: _____

VESSEL LENGTH, COLOR, AND TYPE/MAKE: _____

DEPARTURE INFORMATION

DATE: _____/_____/_____ **TIME:** _____AM PM

DEPARTURE LOCATION / and SLIP # IF APPLICABLE: _____

ANTICIPATED RETURN INFORMATION

DATE: _____/_____/_____ **TIME:** _____AM PM

RETURN LOCATION / and SLIP # IF APPLICABLE: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

MDMR OFFICIAL SIGNATURE: _____ **DATE:** _____

Form may be faxed to **228-435-0626** **Return Fax# or Email**_____

Note: Fish species that have a Federal Fisheries Management Plan (FMP) are PROHIBITED by Federal Law or Regulation from being filleted. Transporting such fillets across state boundaries would be a violation of the Lacy Act.

SUBMIT FORM VIA EMAIL