**COMMERCIAL FISHING / SUPPLEMENTAL 4% QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Vessel Name</td>
<td></td>
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<tr>
<td>Official Number (CF or Documented)</td>
<td>Vessel - Current Commercial F/G License No.</td>
</tr>
<tr>
<td>Owner Name</td>
<td>Current Commercial F/G License No.</td>
</tr>
<tr>
<td>Lessee Name</td>
<td>Current Commercial F/G License No.</td>
</tr>
<tr>
<td>Crew Member Name</td>
<td>Current Commercial F/G License No.</td>
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1. As of January 1, was the vessel commercially registered by the State of California or documented by the United States Coast Guard?
   - Yes ☐ No ☐ Enclose copy of Registration or Document

2. Was the vessel completely rigged and ready to fish on January 1?
   - Yes ☐ No ☐

3. Is the vessel licensed to commercially fish in foreign waters?
   - Yes ☐ No ☐ Enclose copies of Foreign Commercial Licenses

4. Was the vessel commercially fished last season?
   - Yes ☐ No ☐ If no, explain ________________________________

5. **FISHING OPERATIONS**
   A. Date started or intend to start: ______________. What use was made of the vessel from the date of purchase to the start date?

   B. Species of fish or other living resource taken: __________________________________________________________________________

   C. Principal Rig: Bait ☐, Jig ☐, Rod & Reel ☐, Hand Line ☐, Gill Net ☐, Harpoon ☐, Purse Sein ☐, Trap ☐, Auto Pole ☐

   Other ☐, Explain __________________________________________________________________________

   D. Percent of Usage: Pleasure ☐, Cruising ☐, Sportfishing ☐, Commercial ☐, Commercial Passenger Sportfishing ☐

   E. Number of Sportfishing passengers authorized:
     Include a copy of the Coast Guard Certificate of Inspection. (If not supplied, exemption will not be granted)

   F. Total number of days boat commercially fished last season: _________________________________

   G. Average number of days per trip: _________________________________

   H. Copies of State Fish & Game receipts for last season to present, including "block number" where caught.
     (If not supplied, exemption will not be granted)

   I. Hold Capacity: _____ (Tons) _____ Refrigerated, _____ Ice, _____ Brine Chill, _____ Flash Freeze
6. Specific Marina Dock, Slip, or Pier Number vessel is moored when not fishing: ______________________________________________________________

7. Is Commercial Fishing your principal means of livelihood?
   Yes □ No □

8. Do you fish for a specific market, restaurant, or dealer?
   Yes □ No □ If yes, list name and address of consumer: ______________________________________________________________

9. Principal occupation of Owner: ______________________________________________________________

10. Principal occupation of Lessee: ______________________________________________________________

11. Gross Income from last seasons fishing operation: $ ________________

   Include copy of Federal Income Tax Return (If not supplied, exemption will not be granted)

12. Name and address of company carrying Commercial Insurance: ______________________________________________________________

   A. Insured amount – Hull & Machinery: $ ________________

   B. Copy of Insurance Policy

13. Include photographs showing the vessel is rigged for the type of commercial fishing activities indicated. Photographs shall include full profile of the vessel, type of fishing gear used, vessel name and/or number, and the Fish & Game number attached to the vessel. (If not supplied, exemption will not be granted)

14. The above information may be verified by audit of records at the following location: ______________________________________________________________

I declare under the penalty of perjury under the laws of the State of California, the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

Signature ______________________________________________________________ Date ______________________________________________________________

E-Mail Address ______________________________________________________________ Daytime Telephone ______________________________________________________________

NOTE: NO EXEMPTION WILL BE GRANTED UNLESS THIS FORM IS COMPLETED, RETURNED WITHIN THE TIME SPECIFIED AND ALL CONDITIONS OF THE EXEMPTION HAVE BEEN COMPLIED WITH.