

YEAR: 2015

FISHING PERMIT # _____
(Office use only)

APPLICATION FOR FISHING PERMIT
STATE UNIVERSITY OF NEW YORK MARITIME COLLEGE
(Please Print Clearly)

NAME _____

ADDRESS: _____

CITY STATE ZIPCODE

TELEPHONE: _____
(AREA CODE) HOME (AREA CODE) DAYTIME

DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

.....
PLEASE FILL OUT THE FOLLOWING REGARDING THE VEHICLE YOU WILL BE DRIVING TO
CAMPUS:

YEAR: _____ MAKE: _____ COLOR: _____

LICENSE PLATE NUMBER: _____ STATE: _____

YOUR DRIVER'S LICENSE NUMBER: _____ STATE: _____

.....
I have received and read a copy of the FISHING REGULATIONS issued by Maritime College and have signed
below a waiver of liability regarding the College's liability in the event of injury, loss or theft. I certify that the
above information is correct. I agree to abide by the regulations and understand that my privileges may be
revoked by failure to obey said regulations.

I WILLINGLY AGREE TO RELEASE THE STATE UNIVERSITY OF NEW YORK AND THE MARITIME
COLLEGE, INCLUDING ITS OFFICERS, EMPLOYEES, AND AGENTS, FROM ALL LIABILITY
RESULTING FROM MY PARTICIPATION IN VISITING THE CAMPUS GROUNDS FOR FISHING
PURPOSES.

Date Signed: _____

Your Signature: _____

University Police