



JANET T. MILLS
GOVERNOR

STATE OF MAINE
DEPARTMENT OF MARINE RESOURCES
21 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0021

PATRICK C. KELIHER
COMMISSIONER

Request for Temporary Medical Transfer of 2020 Elver Quota

_____ has applied to the Commissioner of the Maine Department of Marine
(Applicant's name)
Resources for a temporary medical transfer of their 2020 elver quota under M.R.S.A. Title 12 §6575-L.

§ 6575-L. Temporary medical transfer

The commissioner may authorize a temporary medical transfer of the elver individual fishing quota allocated to a person under section 6505-A in accordance with this section. The holder of an elver fishing license who requests a temporary medical transfer under this section must maintain a valid elver fishing license during the duration of the temporary medical transfer.

1. Temporary medical transfer requested prior to March 1st. Notwithstanding section 6505-A, subsection 3-A, the commissioner may authorize a temporary medical transfer that permits the holder of an elver fishing license issued under section 6505-A to transfer the entire annual quota allocated to that person to another person holding an elver fishing licence issued under section 6505-A if the following criteria are met:

- A. The transferor reported elver landings in the prior fishing year;
- B. The transferor is unable to fish the quota allocated to the transferor because the transferor has experienced a substantial illness or medical condition. The transferor shall provide the commissioner with documentation from a physician describing the substantial illness or medical condition; and
- C. The transferor requests a temporary medical transfer in writing before March 1st of the fishing year for which it is being requested, except that the commissioner may adopt rules that provide a method for authorizing a temporary medical transfer requested after March 1st to address emergency medical conditions.

I, _____, verify that _____ is
(Physician's name) (Applicant's name)
unable to fish for elvers during the 2020 season (March 22nd to June 7th) due to a substantial illness or medical condition.

Medical Reason/Description: _____

Date of Onset of Medical Illness/Condition: _____

Physician Signature: _____ Printed Name: _____

Date: _____ Physician Address: _____

If you have further questions, please contact the Department of Marine Resources, 21 State House Station, Augusta, ME 04333 (207) 624-6553.