Municipal Shellfish Conservation Warden Training Application

Return form to:

Department of Marine Resources
Attn: Shellfish Program Coordinator PO Box 8, West Boothbay Harbor, ME 04575
Telephone: (207) 633-9515 Email: DMRPublicHealthDiv@maine.gov

Please refer to DMI	Regulations Chapto	er 4 for Municipal Shellfish	n Conservation wa	rden requirements:	
First Name:	La:	st Name:	Middle Initial:		
Mailing Address:		To	own:	Zip:	
Phone # 1:	Phone # 2:	Ema	il Address # 1:		
Email Address # 2: _		Dat	e of Birth:		
Convicted of crime?	Yes No				
		No High Schooma and copy of valid Main			
Full Time Warden?	Part Time War	rden? Volunteer?	_		
Convicted of violation	on of marine resource v	violation within past 6 years	? Yes No	-	
Power of Arrest? Ye		Carry Firea	ertificates or addition		
Maine Criminal Jus	stice Academy pre-se	ervice course	Firearms	CPR	
Small Craft Handli	ng & Safety	_ Basic First Responder	Self	Defense	
Applications should	be received by Febr	ruary 1st in order to receive	training in the cu	rrent year.	
enforcement tra	•	r to attend DMR Warden T a town ordinance until the o certification.	0		
* Trained warden	s must attend DMR	Warden Training every th	ree years for recer	tification.	
	· -	MR to check applicant's back, he or she must complete the	-		
Signa	ture of Applicant		Date		