

## Application for Certification and Nomination of Shellfish Conservation Warden

Date Submitted: \_\_\_\_\_ Municipality: \_\_\_\_\_  
Municipality Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Warden Information

Please refer to DMR Regulations Chapter 4 for warden requirements

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: (207) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Last year /Grade School Completed: \_\_\_\_\_ Last year /High School Completed: \_\_\_\_\_  
Years of College Completed: \_\_\_\_\_ Full Time Employee? \_\_\_\_\_ Part Time Employee? \_\_\_\_\_

Valid Maine Driver's License? Yes \_\_\_ No \_\_\_ Current \_\_\_ or Intended \_\_\_ Employee?

Law Enforcement Training? Yes \_\_\_ No \_\_\_

(If yes, please describe training): \_\_\_\_\_

Power of Arrest? Yes \_\_\_ No \_\_\_ Carry Firearm? Yes \_\_\_ No \_\_\_

Other Towns Responsible for: \_\_\_\_\_

**Date Nominated by Town:** \_\_\_\_\_ **Date Certified/Trained by DMR:** \_\_\_\_\_

- © **The town must nominate the warden yearly.** Nominations are due by MARCH 1<sup>st</sup>.
- © **Untrained nominee has up to one year to attend DMR Warden Training. Wardens with no other enforcement training cannot enforce a town ordinance until they are trained by DMR.**
- © **Trained wardens must attend DMR Warden Training every three years.**
- © Town must notify DMR when warden is no longer employed by the town.   
(Fill in the warden information and check here to **RESCIND** nomination)

Additional Education (Explain):

Shellfish Related Experience:

Training (if MCJA include copy of certification):

Note: Signature of applicant authorizes DMR to check applicant's background for criminal record. If applicant has the **power of arrest and/or carries a firearm**, he or she must complete the appropriate **MCJA** course prior to DMR certification.

\_\_\_\_\_  
Signature of Municipal Official                      Date                      Signature of Applicant                      Date

**Please fill out one application per warden nominated and mail or fax to:**  
**Denis-Marc Nault, 60 Harborview Drive, Sullivan, ME 04664    Fax (207) 629-0414**