New Certification for Shellfish Conservation Warden

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 DMR Regulations Chapter 4 for warden requirements

First Name: ____________________ Last Name: _______________________________ Middle Initial: ________
Mailing Address: __________________________________________ Town: _______________ Zip: __________
Phone # 1: _______________ Phone # 2: _______________ Email Address # 1: ____________________________
Email Address # 2: _______________________________ Date of Birth: _______________

Convicted of crime? Yes ___ No ____
Valid Maine Driver’s License?  Yes ____ No ____ High School Diploma/Equivalent: Yes ___ No ____
Please attach proof of High School Diploma and copy of valid Maine Driver’s License to application.

Convicted of violation of marine resource violation within past 6 years? Yes ___ No ____

Law Enforcement Training? Yes ____ No ____ Carry Firearm? Yes ____ No ____
Power of Arrest? Yes ___ No ____
(Please mark specific training(s) below and attach a copy of relevant certificates or additional information):

Maine Criminal Justice Academy pre-service course ________ Firearms ________ CPR ________
Small Craft Handling & Safety ________ Basic First Responder ________ Self Defense ________

Applications should be received by February 1st in order to receive training in the current year.

❖ Untrained warden 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 or have received a waiver from DMR to enforce prior to certification.

❖ Trained wardens must attend DMR Warden Training every three years.

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 Applicant Date