

# New Certification for Shellfish Conservation Warden

## Return form to:

Department of Marine Resources, Attn: Sheena Glover PO Box 8, West Boothbay Harbor, ME 04575  
Telephone: (207) 633-9515 - Fax: (207) 633-9579

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**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: \_\_\_\_\_

**Social Security # (Required):** \_\_\_\_\_ 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.**

Full Time Warden? \_\_\_ Part Time Warden? \_\_\_ Volunteer? \_\_\_

Convicted of violation of marine resource violation within past 6 years? Yes \_\_\_ No \_\_\_

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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** \_\_\_\_\_

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**Applications should be received by February 1<sup>st</sup> 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