



REQUEST FOR RELEASE OF MARINE FISHERIES INFORMATION SYSTEM DATA
TO AN INDIVIDUAL FISHERMAN

All information must be filled in completely in order to obtain information from the Marine Fisheries Information System (MFIS). Information is made available ONLY TO THE HOLDER OF THE LICENSE for which such information is requested.

Saltwater Products #1: \_\_\_\_\_ Saltwater Products #2: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ Social Security\*: \_\_\_\_\_
NAME AS IT APPEARS ON LICENSE - PRINT ONLY (required for processing)

\*The Florida Fish and Wildlife Conservation Commission (FWC) collects social security number (SSN) for the issuance of recreational and professional wildlife, fishing or hunting licenses or permits to an individual in accordance with s. 379.352 F.S. and 42 USC 666 for the purposes of administration of the Title IV-D program for child support enforcement, use by the commission, and as otherwise provided by law.

CURRENT MAILING ADDRESS: \_\_\_\_\_

Address is different from the address on my license application: Yes \_\_\_\_\_ No \_\_\_\_\_

SEND TO (if different from mailing address): \_\_\_\_\_ or FAX \_\_\_\_\_

Dealer(s) who completed the Trip Tickets: \_\_\_\_\_
If the Dealer number is not known, write the full name and address on the back of this form.

These landings are requested for:
\_\_\_ RS Endorsement (3 year summary) Income Tax Year: \_\_\_\_\_ Special License/Endorsment: \_\_\_\_\_

Other: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Run Landings for: \_\_\_\_\_ to \_\_\_\_\_
month and year month and year

ORIGINAL MUST BE SIGNED, NOTARIZED, AND MAILED OR FAXED TO THE ADDRESS/FAX BELOW

SIGNED: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, to me well known and known to me to be the person described herein, and who executed the foregoing instrument, and acknowledged to and before me that \_\_\_\_\_ executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

My commission expires \_\_\_\_\_

(SEAL)

PLEASE RETURN ORIGINAL TO:
TRIP TICKET OFFICE
FISH AND WILDLIFE RESEARCH INSTITUTE
100 8TH Ave SE I1-FDM
ST. PETERSBURG, FL 33701-5095
Toll Free (866) 447-5515
FAX (727) 894-6181 Toll Free (866) 447-5514