



Florida Fish and Wildlife Conservation Commission

Crew Share Statement

PO Box 6150 • Tallahassee, FL 32314-6150

Phone: (850) 487-3122

Email: CustomerService@MyFWC.com

Step 1: Print or type the name of the employee/crew member applying for the RS endorsement.

This statement is used to verify income earned from the sale of saltwater products for the purposes of qualifying for the Restricted Species Endorsement. This form must be signed by individual or owner of the business who held the Saltwater Products License (SPL) to which the qualifying sales were reported.

Crew member: _____
Name of RS applicant

Crew member's SPL number: SP-_____
License number, if held at time of employment

Step 2: Employer to complete, sign, and notarize the statement below.

My company and/or name is _____. The last 5 digits of my Social Security Number or FEIN are _____.

By completing and signing this Crew Share Statement, I verify that:

The crew member, named in Step 1 above, held a valid SPL and/or was employed by me from ___/___/___ through ___/___/___, a period not exceeding 12 months;

Total wages paid to the crew member for that period were \$_____;

I held a valid Vessel SPL or both the crew member and myself held a valid SPL during the period above; and

The income earned by the crew member was from the sale of saltwater products that were lawfully harvested on a commercial vessel while he/she worked under my Saltwater Products License number, SP- _____; and the products were sold to a licensed wholesale dealer who reported trip tickets showing my license number.

Signature of licensed employer or owner of the business to which the trip tickets were issued

Date

State of Florida

County of _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____. Personally known or Produced ID _____.

Notary Signature Stamp

Notary Signature

Step 3: Attach or upload this form to your Restricted Species Endorsement Application at MyFWC.com/CLS.

Pursuant to the provisions of the American with Disabilities Act (ADA), any person requiring special accommodations is asked to contact the ADA Coordinator at (850) 488-6411. If you are hearing or speech impaired, please contact the Commission by calling Florida Relay Service at (800) 955-8771 (TDD) or 955-8770 (Voice). Chapter 837.06, Florida Statutes provides that whoever knowingly makes false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s.775.082 or 775.083, Florida Statutes. When this application is received by a state agency, the information contained therein becomes public record subject to inspection under provisions of Chapter 119, Florida Statutes.

For more info visit MyFWC.com