Spiny Lobster Trap Tag Pulling Extension Request

Commercial Fisher (Owner of Traps)

Full Name: ______________________________________________________________

Saltwater Products License # SPL: _______________________ C#: __________________

Buoy Colors (to be pulled): _________________________________________________

Trap #’s: __________________________________________________________________
________________________________________________________________________

Vessel Name used for trap retrieval: ________________________________

Vessel Owner’s Name: _____________________________________________________

Date(s) requested _________________________ through ________________________

Reason for request
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Note: On the day that trap retrieval commences, and on each subsequent day that trap retrieval continues, Law Enforcement must be advised in person or by telephone of the trap locations and landing site.

________________________________      __________________________________
Notary Signature             Print Name

________________________________      ________________________
Signature of Commercial Fisher             Date

State of Florida ______________ County
Signed before me this __________ day of ______________________ 20_______
Personally Known or Produced ID ________________________________

Notary Signature                  Print Name

________________________________      ________________________
Law Enforcement Approval             Date