FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
Office of Licensing & Permitting
Russell Building, 1875 Orange Ave. East, Tallahassee, FL 32301
Office: (850) 487-3122 Email: CustomerService@MyFWC.com

Spiny Lobster Trap Pulling Petition

Please Print Legibly

Commercial Fisher Requesting Permission

Full Name:____________________________________________________

SPL #:________________ C#:________________ Buoy Colors:______________ Number of traps:________

Location of Traps That Need to be Pulled:
____________________________________________________
____________________________________________________

Date(s) Requested:______________ through ____________

Reason for Request (*NOTE: For requests spanning more than 5 days, a Description of Extraordinary Circumstances necessitating request must be included.)

Corroborating documentation must be attached for requests spanning more than 5 days. Failure to do so may result in denial or delay in approval. Permission to pull traps shall be obtained daily by telephone from the Division of Law Enforcement for a maximum of 5 days without renewal or extension of the request.

By signing below I acknowledge that if my delegate does not possess a saltwater products license and spiny lobster endorsement, I shall be held accountable for the delegate’s compliance with all regulations governing the spiny lobster fishery.

Signature of Commercial Fisher:________________________________ Date:___________

This Space For Notary (Notary required for requests spanning more than 5 days.)

State of Florida, County of __________________________
The Forgoing instrument was acknowledged before me this_____ day of_______________________, 20_____
Personally known____ Or Produced Identification_______ Type of Identification________________________

Notary Signature:__________________________________ Printed Name:__________________________________

Delegate Fisher /Crew

Full Name:____________________________________________________ Date of Birth (if Individual):____________________

SPL #:________________ C#:________________ Buoy Colors:______________

Vessel Number (FL or DO):__________________________ Vessel Name:________________________

By signing below I acknowledge that I am willing and able to pull the above traps during the time period indicated and that I know and understand the laws and regulations governing the spiny lobster fishery.

Signature of Delegate:________________________________ Date:_______________

This Space For Notary (Notary required for requests spanning more than 5 days.)

State of Florida, County of __________________________
The Forgoing instrument was acknowledged before me this_____ day of_______________________, 20_____
Personally known____ Or Produced Identification_______ Type of Identification________________________

Notary Signature:__________________________________ Printed Name:__________________________________

For FWC Law Enforcement Personnel Use Only

Area Supervisor Approval:__________________________ IBM:____________ Date:__________

Dated emailed to Commercial Licensing:__________ Date emailed to Dispatch:__________