

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

Office of Licensing & Permitting

1875 Orange Ave. East, Tallahassee, FL 32311-6160

Office: (850) 487-3122 Email: CustomerService@MyFWC.com

Stone Crab Trap Pulling Petition

Commercial Fisher Requesting Permission

Please Print Legibly

Full Name: \_\_\_\_\_

SPL #: \_\_\_\_\_ X#: \_\_\_\_\_ 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 stone crab endorsement, I shall be held accountable for the delegate's compliance with all regulations governing the stone crab 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

Please Print Legibly

Full Name: \_\_\_\_\_ Date of Birth (if Individual): \_\_\_\_\_

SPL #: \_\_\_\_\_ X#: \_\_\_\_\_ 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 stone crab 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: \_\_\_\_\_