Blue Crab Trap Tag Replacement Application

Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Suffix (Jr., Sr., III, etc.)</th>
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Date of Birth

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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Social Security #

_____-_____-_____

SPL #

VHI / VHO / VS / VN #

(Please designate endorsement type/number)

Mailing Address

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<tr>
<th>Address</th>
<th>City</th>
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<table>
<thead>
<tr>
<th>State</th>
<th>Postal Code</th>
<th>Primary Phone #</th>
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Delivery Address

<table>
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<tr>
<th>Street Address (We will not deliver to a P.O. Box)</th>
<th>City</th>
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<tr>
<th>State</th>
<th>Postal Code</th>
<th>Alternate Phone #</th>
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Under penalty of perjury I hereby certify that the following statements are true:

(1) The Blue Crab Trap Tag audit numbers listed on this application were issued to me for the current year, were secured to my traps, and were:

Check One:  □ Lost  □ Stolen  □ Mutilated

(2) I have filed the required “Lost or Stolen Trap Report” with the local FWC Law Enforcement Office, located in ________________, where I reported the location and circumstances of the loss. (A copy of the lost or stolen report must be attached to this application or your application will not be processed.)

(3) If the original tags are ever found or recovered, I will immediately return them to the Florida Fish and Wildlife Conservation Commission, Office of Licensing and Permitting, at the above address.

Signature __________________________  Date __________________________

Note: To assist your inventory process, you may request a list of tag audit numbers currently issued in your name. You may then use this list to identify any tags which need to be replaced.

REQUESTING REPLACEMENT OF THE FOLLOWING NUMBERS

Consecutive Tag Numbers (Example: 1-100)

______ thru _______

______ thru _______

______ thru _______

______ thru _______

______ thru _______

______ thru _______

______ thru _______

______ thru _______

Total # of Replacement tags: _______

Price per Tag: $.50

Subtotal: $ _______

Shipping/Handling: 8.00

Total Amount Due: $ _______

*Check or Money Order – Payable to: FWC

When this application is received by a state agency, the information contained therein becomes public record subject to inspection under the provisions of Chapter 119, F.S.

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 (800) 955-8770 (Voice).

The Florida Fish and Wildlife Conservation Commission (FWC) collects social security number (SSN) for the issuance of recreational and professional fishing or hunting licenses or permits to an individual in accordance with s. 379 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.