Florida Fish and Wildlife Conservation Commission

Office of Licensing and Permitting • P. O. Box 6150 • Tallahassee, FL 32314-6150 • 850-487-3122

Stone Crab Trap Tag Replacement Application

Name	_____ Last	_____ First	_____ Middle Initial	_____ Suffix (Jr., Sr., III, etc.)
Date of Birth	____-____-_____ Month Day Year	Last 5 digits of Social Security #	__XXX___-_____-_____	
SPL #		X #		
Mailing Address	_____ Address		_____ City	
	_____ State	_____-_____ Postal Code	(_____)_____-_____ Primary Phone #	
Delivery Address	_____ Street Address (**We will not deliver to a P.O. Box**)		_____ City	
	_____ State	_____-_____ Postal Code	(_____)_____-_____ Cell/Mobile Phone #	

Under penalty of perjury I hereby certify that the following statements are true:

(1) The Stone 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.

Section 837.06 Florida Statutes, provides that whoever knowingly makes a 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 ss. 775.082 or 775.083, F.S.

_____ 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 _____ ; _____ thru _____

Single Tag Numbers (Example: 1, 5, 8, 10)

_____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____

Additional space on the back of this application.

REPLACEMENT FEES

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.