

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

Office of Licensing & Permitting

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

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

Blue Crab Trap Pulling Petition

Commercial Fisher Requesting Permission

Please Print Legibly

Full Name: _____

SPL #: _____ VH/VS/VN#: _____ 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 blue crab endorsement, I shall be held accountable for the delegate's compliance with all regulations governing the blue 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 #: _____ VH/VS/VN#: _____ 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 blue 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: _____