



REQUEST FOR RELEASE OF MARINE FISHERIES INFORMATION SYSTEM DATA
TO A WHOLESALE SEAFOOD DEALER

All information must be filled in completely in order to obtain information from the Marine Fisheries Information System (MFIS). Information is made available ONLY TO THE HOLDER OF THE LICENSE for which such information is requested.

Wholesale Seafood Dealer Number: WD _____

FULL NAME: _____
NAME AS IT APPEARS ON LICENSE – PRINT ONLY

Social Security*: _____ or FEID Number: _____

*The Florida Fish and Wildlife Conservation Commission (FWC) collects social security number (SSN) for the issuance of recreational and professional wildlife, fishing or hunting licenses or permits to an individual in accordance with s. 379.352 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.

ADDRESS (as shown on license): _____

MAILING ADDRESS (if different): _____
_____ or FAX _____

LANDINGS ARE SUMMARIZED BY ANNUAL TOTALS; PLEASE INDICATE IF YOU NEED THEM SHOWN DIFFERENTLY

These landings are requested for:

Income Tax Year: _____ Other: _____

Special Instructions: _____

Run Landings for: _____ to _____
month and year month and year

ORIGINAL MUST BE SIGNED, NOTARIZED, AND MAILED OR FAXED TO THE ADDRESS/FAX BELOW

SIGNED: _____

STATE OF FLORIDA, COUNTY OF _____

Before me personally appeared _____, to me well known and known to me to be the person described herein, and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this _____ day of _____, A.D. 20 _____

Notary Public, State of Florida

My commission expires _____

(SEAL)

PLEASE RETURN ORIGINAL TO:
TRIP TICKET OFFICE
FISH AND WILDLIFE RESEARCH INSTITUTE
100 8TH Ave SE I1-FDM
ST. PETERSBURG, FL 33701-5095
Toll Free (866) 447-5515
FAX (727) 894-6181 Toll Free (866) 447-5514