FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

Office of Licensing & Permitting

Email: FWCLicensingHelp@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:_____