Florida Fish and Wildlife Conservation Commission

Office of Licensing and Permitting

1875 Orange Ave. East, Tallahassee, Fl 32311-6160
(850)487-3122 Email: FWCLicensingHelp@MyFWC.com

Statement for the Surrender of Stone Crab Trap Certificates

Pursuant to Rule 68B-13.010(a)(14), Florida Administrative Code, any number of Stone Crab Certificates may be permanently surrendered by the certificate holder at any time.

I understand that once these certificates have been voluntarily surrendered to the Commission, that they are permanently removed from my certificate allocation. I will be notified by the Commission when this surrender of certificates has been processed and given the adjusted balance of my certificates allocation.

I, _____, SP- _____ , X- _____
(Name of Stone Crab certificate holder)

do hereby voluntarily authorize the permanent surrender of stone crab trap certificate number(s) _____ through _____ to the Commission.

Under penalty of perjury, I declare that I have read and understand the contents of this document and that the facts stated in it are true. I pledge myself to the faithful observance of all the laws and lawful regulations of this state regulating the conservation, dealing in, taking, selling, transporting and/or possession of fish, seafood, and other saltwater products, and cooperation in the enforcement of all such laws to every reasonable extent. Chapter 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 official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in ss. 775.082, 083, and 084, Florida Statutes. When this application is received by a state agency, the information contained therein becomes public record subject to inspection under provision of Chapter 119, Florida Statutes.

_____ _____ _____
(Printed name of Stone Crab Certificate holder) (Signature of Stone Crab Certificate holder) (Date)

State of Florida _____ County

Signed before me this _____ Day of _____ 20_____.

Personally Known or Produced ID _____

_____
Notary Signature

_____
Type or Print Name/Notary Stamp

Please return this notarized statement to the email address below:

FWCLicensingHelp@MyFWC.com