APPLICATION FOR REPLACEMENT COMMERCIAL GULF SHRIMP BOAT OFFLOADING LICENSE / DUPLICATE PLATES

☐ APPLICATION FOR REPLACEMENT COMMERCIAL GULF SHRIMP BOAT OFFLOADING LICENSE – $3.00

Lost/destroyed paper license. Original License No.: ________________ New License No.: ________________

☐ APPLICATION FOR DUPLICATE PLATES: COMMERCIAL GULF SHRIMP BOAT OFFLOADING (434) – $25.00

Lost/destroyed boat plate. Original Plate No.: ________________ New Plate No.: ________________

Boat Owner Last Name ____________________________ First Name ____________________________

Customer Number ____________________________ Phone No. ____________________________

Drivers License: State _____ No. ____________________________ Date of Birth ____________________________

Mailing Address _________________________________________________________________

City ____________________________ State _______________ Zip ____________________________

Physical Address _________________________________________________________________

City ____________________________ State _______________ Zip ____________________________

USCG Documentation Number ____________________________ OR State _____ Reg. No. ____________________________

Boat Name ____________________________

The original license and/or plate I am replacing has been lost or destroyed, and has not been previously transferred or sold by me. I understand that it is a crime to make a false statement on this form.

Signature of Current License Holder ____________________________ Date ____________________________

Employee Witness ____________________________ Office Code ____________________________ Date ____________________________

MUST BE NOTARIZED IF NOT SIGNED BEFORE TPWD LAW ENFORCEMENT SALES STAFF

Before me, a notary public, on this day personally appeared ____________________________, a person whose identity is known to me. After I administered an oath to him, upon his oath, he said he read the Application for Replacement Commercial Gulf Shrimp Boat Offloading License/Duplicate Plates, and that the facts stated in it are within his personal knowledge, and are true and correct.

Signature of Current License Holder ____________________________

SWORN TO AND SUBSCRIBED BEFORE ME by ____________________________,
on this the _______ day of ____________________________, 20____.

NOTARY PUBLIC, STATE OF TEXAS ____________________________

Printed name of notary ____________________________ My commission expires ____________________________

Texas Parks and Wildlife Department maintains the information collected through this form. With few exceptions, you are entitled to be informed about the information we collect. Under Sections 552.021 and 552.023 of the Texas Government Code, you are also entitled to receive and review the information. Under Section 559.004, you are also entitled to have this information corrected. Please note that the customer information collected through this form, including name, address, and telephone number, is considered public and is subject to disclosure under 31 Tex. Admin. Code § 51.303.