APPLICATION FOR REPLACEMENT COMMERCIAL GULF SHRIMP BOAT LICENSE / DUPLICATE PLATES

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

Lost/destroyed paper license. Original License No.: ____________________ New License No.: ____________________
☐ Resident Commercial Gulf Shrimp Boat (330)  ☐ Non-Resident Commercial Gulf Shrimp Boat (430)

☐ APPLICATION FOR DUPLICATE PLATES – $25.00

Lost/destroyed boat plate. Original Plate No.: ____________________ New Plate No.: ____________________
☐ Resident Commercial Gulf Shrimp Boat (330)  ☐ Non-Resident Commercial Gulf Shrimp Boat (430)

REQUIRED INFORMATION

Boat Owner Last Name ____________________ First Name ____________________
Customer Number ____________________ Phone No. ____________________
Email ____________________
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 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 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.

PWD 1191 – A0900 (7/20)