



Texas Parks and Wildlife Department  
4200 Smith School Road, Austin, TX 78744 (800) 792-1112

**APPLICATION TO TRANSFER OYSTER BOAT LICENSE**

ONLY ONE LICENSE PER FORM (Must surrender original license for transfer of license holder.)

LICENSE NUMBER  
BEING TRANSFERRED \_\_\_\_\_

DATE OF  
LICENSE TRANSFER \_\_\_\_\_

NAME OF CURRENT  
LICENSE HOLDER \_\_\_\_\_

DRIVER'S LICENSE  
STATE \_\_\_\_\_ NO. \_\_\_\_\_

PLATE NUMBER BEING TRANSFERRED \_\_\_\_\_

**TYPE OF LICENSE BEING TRANSFERRED:**

- Resident Commercial Oyster Boat License (306-\$25)
- Non-Resident Commercial Oyster Boat License (406-\$25)
- Transfer to an heir based on death of original license holder (\$10) (Requires documentation of heirship status)

I understand that by transferring this license to \_\_\_\_\_ (applicant), that I am acting as sole owner or as the agent of all the members of any partnership, corporation or estate which may have rights to this license. I am authorized to transfer this license, and I understand that I am relinquishing all the rights and privileges associated with this license, including the right to renewal. This license is currently valid and has not been previously transferred or sold. **I hereby surrender the original TPWD issued license.**

Under penalty of law, I hereby certify that all these statements are true and correct.

\_\_\_\_\_  
Signature of Current License Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Witness

\_\_\_\_\_  
Office

\_\_\_\_\_  
Date

\_\_\_\_\_  
(initial) Original TPWD issued license proving eligibility was presented and voided.

**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 to Transfer a Commercial Oyster Boat License, and that the facts stated in it are within his personal knowledge, and are true and correct.

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 \_\_\_\_\_

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Customer Number \_\_\_\_\_

Drivers License: State \_\_\_\_\_ No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Boat Name \_\_\_\_\_

USCG Documentation Number \_\_\_\_\_ OR State \_\_\_\_\_ Reg. No. \_\_\_\_\_

Boat Length \_\_\_\_\_ feet \_\_\_\_\_ inches Horsepower \_\_\_\_\_ BHP

Home Port \_\_\_\_\_

This license is currently valid and has not been previously transferred or sold. I am eligible for this license under the limited entry program criteria established by TPWD. I understand it is a crime to make a false statement on this form.

I am the legal heir of the license holder, who has died. I understand it is a crime to make a false statement on this form. I hereby certify that all these statements are true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Witness \_\_\_\_\_ Office \_\_\_\_\_ Date \_\_\_\_\_

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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 to Transfer a Commercial Gulf Shrimp Boat License, and that the facts stated in it are within his personal knowledge, and are true and correct.

**To designate an authorized agent, enter the info here:**

The applicant designated \_\_\_\_\_, DL# \_\_\_\_\_, DOB \_\_\_\_\_

as an **authorized agent** to conduct the 20\_\_\_\_ license transfer of this license on the applicant's behalf.

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.