



APPLICATION FOR LICENSE TRANSFER

TYPE OF LICENSE TRANSFER

- License transfer options including Finfish Import, Res. Comm. Fishing Boat, Non-Res. Comm. Fishing Boat, Wholesale Fish Dealer, Wholesale Fish Dealer's Truck, Bait Shrimp Dealer, Bait Dealer-Building, Bait Dealer-Vehicle, Retail Fish Dealer, and Retail Fish Dealer's Truck with associated fees.

LICENSE NO. BEING TRANSFERRED DATE LICENSE TRANSFERRED

APPLICANT

Applicant information fields: Last Name, First Name, Customer Number, Driver's License (State, No., Date of Birth), Social Security Number

BUSINESS

Business information fields: Business Name, Dealer No., Mailing Address, City, State, Zip, Tax ID No., Phone No.

FOR LICENSES listed above with this symbol, this information is REQUIRED or application will be denied:

Business Name (if different than above), Location Address (Physical Location, no P.O. Box), City, State, Zip, County

FOR LICENSES listed above with this symbol, this information is REQUIRED or application will be denied:

Model, Make, License Plate State, No., Motor No. (VIN), Year, Home Base, County

FOR BOAT: (must surrender original license AND display plates) Copy of current USCG Cert of Documentation or State Registration must be provided.

USCG Cert of Documentation No., OR State, Reg. No., Boat Length, inches, Boat Name, Previous Owner, Horsepower

I understand that by transferring this license, 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, including the right to renew this license. This license is currently valid and has not been previously transferred or sold.

If I am applying to transfer a wholesale fish dealer's license, I certify that I do not hold a bait shrimp dealer's license.

If I am applying to transfer a bait shrimp dealer's license, I certify that I do not hold a wholesale fish dealer's license.

Under penalty of law, I hereby certify that all statements, on pages one and two of this application, are true and correct. I understand that it is a crime to make a false statement on this form.

CURRENT LICENSE HOLDER

Signature _____ Printed Name _____ Date _____

APPLICANT

Signature _____ Printed Name _____ 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 License Transfer, and that the facts stated in it are within his personal knowledge, and are true and correct.

Signature of **Current License Holder** Printed Name

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 License Transfer, and that the facts stated in it are within his personal knowledge, and are true and correct.

Signature of **Applicant** Printed Name

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.