APPLICATION FOR COMMERCIAL CRAB FISHERMAN’S LICENSE

☐ Resident (338) – $630  ☐ Non-Resident (438) – $2,520

REQUIRED INFORMATION

Applicant 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 _____________________________

Plate Number _____________________________

I understand that I may hold no more than three of these licenses and that only one set of plates may be on board a boat at any time the boat is used for commercial crabbing purposes. This license is currently valid and has not been previously transferred or sold. I am eligible for this license under the limited entry criteria established by TPWD. I understand that it is a crime to make a false statement on this form.

Applicant Signature ___________________________________________________________ Date _________________

Employee Witness ___________________________________________________________ Office _____________________________

Date _________________

(Initial) 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 a Commercial Crab Fisherman’s License, and that the facts stated in it are within his personal knowledge, and are true and correct.

Signature of Applicant

To designate an authorized agent, enter the info here:

The applicant designated _____________________________, DL# _____________________________, DOB _____________________________

as an authorized agent to conduct the 20____ renewal 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.

PWD 355 – A0900 (7/20)