APPLICATION TO TRANSFER CRAB FISHERMAN’S 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
____________________________________
STATE ___ NO. ____________

PLATE NUMBER BEING TRANSFERRED ____________________________

TYPE OF LICENSE BEING TRANSFERRED:
☐ Resident Commercial Crab Fisherman’s License (338-$630)
☐ Non-Resident Commercial Crab Fisherman’s License (438-$2,520)
☐ 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.

_________________________________________________ Date
Signature of Current License Holder

Employee Witness ___________________________ Office ___________________________ Date ___________

_________________ Original TPWD issued license proving eligibility was presented.

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 Crab Fisherman’s 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
REQUIRED INFORMATION

Applicant Last Name ________________________________________________________________ First Name ____________________________

Customer Number ___________________________ Phone No. ____________________________

Email ____________________________________________________________

Drivers License:  State _____ No. ______________________ Date of Birth ________________________

Social Security Number ___________________________________________________________

Mailing Address _________________________________________________________________

City ___________________________ State _________ Zip ______________

Physical Address _________________________________________________________________

City ___________________________ State _________ Zip ______________

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.

☐ 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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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.