APPLICATION FOR REPLACEMENT COMMERCIAL CRAB FISHERMAN’S LICENSE / DUPLICATE PLATES

☐ APPLICATION FOR REPLACEMENT COMMERCIAL CRAB FISHERMAN’S LICENSE – $3.00
Lost/destroyed paper license.  Original License No.: _______________________
☐ Resident Commercial Crab Fisherman’s License (338)  ☐ Non-Resident Commercial Crab Fisherman’s License (438)

☐ APPLICATION FOR DUPLICATE PLATES – $25.00
Lost/destroyed boat plate.  Original Plate No.: _______________________
☐ Resident Commercial Crab Fisherman’s License (338)  ☐ Non-Resident Commercial Crab Fisherman’s License (438)

Applicant Last Name ___________________________________  First Name ___________________________________
Customer Number ____________________________  Phone No. _________________________
Drivers License: State _______ No. ____________________________  Date of Birth _________________________
Mailing Address ____________________________________________________________________________________
City ___________________________________________  State ___________  Zip _________________________
Physical Address ____________________________________________________________________________________
City ___________________________________________  State ___________  Zip _________________________

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 Crab Fisherman’s 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 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.