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)

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 __________________

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.

PWD 830 – A0900 (7/20)