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

☐ APPLICATION FOR REPLACEMENT COMMERCIAL FINFISH FISHERMAN’S LICENSE – $3.00
  Lost/destroyed paper license.  Original License No.: ______________________
  ☐ Resident Commercial Finfish Fisherman’s License (371)  ☐ Non-Resident Commercial Finfish Fisherman’s License (361)

☐ APPLICATION FOR DUPLICATE PLATES – $25.00
  Lost/destroyed boat plate.  Original Plate No.: ______________________
  ☐ Resident Commercial Finfish Fisherman’s License (371)  ☐ Non-Resident Commercial Finfish Fisherman’s License (361)

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 Finfish 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 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 831 – A0900 (7/20)