

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

Commercial Saltwater Licensing - P.O. Box 6150 - Tallahassee, FL 32314-6150

2009-2010

BREVARD COUNTY CLAM LICENSE APPLICATION

* APPLICATION PERIOD JUNE 1, 2009 THROUGH JULY 31, 2009 *

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

NAME _____
Last First Middle Initial Suffix (Jr., Sr., III, etc.)

MAILING ADDRESS _____ TELEPHONE NUMBER (____) _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

U. S. CITIZEN (or Resident Alien): YES or NO

FLORIDA RESIDENT: YES or NO

Are you holding or have you ever held a clam license in another state? If yes, what State _____

If yes, was your license revoked or suspended? _____ If yes, when?

List any states, other than Florida, where you have harvested clams:

<u>LICENSE CATEGORY</u>	<u>FEE</u>	<u>AMOUNT ENCLOSED</u>
_____ NON-RESIDENT	\$ 400.00	\$ _____
_____ RESIDENT	\$ 100.00	\$ _____
_____ LATE FEE (Beginning August 1, 2004)	\$ 400.00	\$ _____
	TOTAL:	\$ _____

KL LICENSE # _____

CLAMMING EDUCATIONAL SEMINAR CERTIFICATE # _____ DATE _____

Under Penalty of Perjury, I declare that I have read the foregoing document and that the facts stated herein are true. Pursuant to Florida law, I understand that I am also required to hold a valid Saltwater Products License, a Restricted Species Endorsement and attend the Brevard County Hard Clam License Educational Seminar for the harvest of clams in the saltwater of Brevard County. Failure to abide by regulations and laws in the harvesting of clams may result in the suspension or revocation of this license. Section 837.06 Florida Statutes, provides that whoever knowingly makes a false statement in writing with intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or 775.083, Florida Statutes.

Pursuant to the provisions of the American with Disabilities Act (ADA), any person requiring special accommodations is asked to contact the ADA Coordinator at (850) 488-6411. If you are hearing or speech impaired, please contact the Commission by calling Florida Relay Service at (800) 955-8771 (TDD) or (800) 955-8770 (Voice).

Signature of Applicant _____ Date _____

Sworn to and Subscribed before me this _____ day of _____ 20_____.

Personally known [] or produced _____ type of Identification.

Signature of Notary

Print or Type Notary Name

My commission expires