

Blue Crab Pulling Petition
Florida Fish & Wildlife Conservation Commission
Division of Law Enforcement

1) Commercial Fisher

Full Name _____
Social Security # _____
Saltwater Products License # SPL _____
VH/VS/VN # _____
Buoy Colors (to be pulled) _____
Number of traps being pulled _____
General location of the trap pulling activity _____

Date(s) requested _____ through _____
Reason for request _____

(Please attach corroborating documentation)

***NOTE** – If the delegate does not possess a Saltwater Products License (SPL), a Restricted Species Endorsement (RS) and a Blue Crab Endorsement (VH/VS/VN #), the Commercial Fisherman must possess a vessel SPL and will be held accountable for the designee’s compliance with all regulations governing the blue crab fishery.

Signature of Commercial Fisher

Date

2) Delegate Fisher

Full Name _____
Social Security # _____
Saltwater Products License # SPL _____
VH/VS/VN # _____
Vessel # (used to pull traps, FL or DO) _____
Vessel Name (used to pull traps) _____

The Florida Fish and Wildlife Conservation Commission collects Social Security number for the issuance of recreational and professional fishing or hunting licenses or permits to an individual in accordance with s. 379.352 F.S. and 42 USC 666 for the purposes of administration of the Title IV-D program for child support enforcement, use by the commission, and as otherwise provided by law.

By signing below, I acknowledge that I am willing and able to pull the listed traps during the time period as indicated above and that I know and understand the laws and rules governing the blue crab fishery.

Signature of Delegate

Date

Law Enforcement Approval

Date