

Florida Fish and Wildlife Conservation Commission
Office of Licensing and Permitting
Commercial Saltwater Section
2590 Executive Center Circle E Suite 101 • Tallahassee, FL 32301 • (850)487-3122

Statement for the Surrender of Stone Crab Trap Certificates

Pursuant to Rule 68B-13.010(a)(14), Florida Administrative Code, any number of Stone Crab Certificates may be permanently surrendered by the certificate holder at any time.

I understand that once these certificates have been voluntarily surrendered to the Commission, that they are permanently removed from my certificate allocation. I will be notified by the Commission when this surrender of certificates has been processed and given the adjusted balance of my certificates allocation.

I, _____, SP- _____, X- _____
(Name of Stone Crab certificate holder)

do hereby voluntarily authorize the permanent surrender of stone crab trap certificate number(s) _____ through _____ to the Commission.

Under penalty of perjury, I declare that I have read and understand the contents of this document and that the facts stated in it are true. I pledge myself to the faithful observance of all the laws and lawful regulations of this state regulating the conservation, dealing in, taking, selling, transporting and/or possession of fish, seafood, and other saltwater products, and cooperation in the enforcement of all such laws to every reasonable extent. Chapter 837.06, Florida Statutes provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in ss. 775.082, 083, and 084, Florida Statutes. When this application is received by a state agency, the information contained therein becomes public record subject to inspection under provision of Chapter 119, Florida Statutes.

(Printed name of Stone Crab Certificate holder) (Signature of Stone Crab Certificate holder) (Date)

State of Florida _____ County
Signed before me this _____ Day of _____ 20_____.
Personally Known or Produced ID _____

Notary Signature

Type or Print Name/Notary Stamp

For further information, please contact our office at (850) 487-3122.

Please return this notarized statement to the address below:

Fish and Wildlife Conservation Commission
Office of Licensing & Permitting
2590 Executive Center Circle East
Berkeley Building, Suite 101
Tallahassee, FL 32301