



**REQUEST FOR VERIFICATION OF COMMERCIAL FISHING LICENSING RECORDS**

DFW 1452 (REV. 03/10/26)

**TYPE OR PRINT CLEARLY.**

REASON FOR REQUEST

DATE INFORMATION NEEDED	METHOD TO RECEIVE INFORMATION: <input type="checkbox"/> SECURE FILE UPLOAD <input type="checkbox"/> MAIL <input type="checkbox"/> CERTIFIED COPY		
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REQUESTER'S FIRST NAME	M.I.	LAST NAME
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EMAIL ADDRESS	DAY TELEPHONE
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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SIGNATURE <b>X</b>	TITLE	DATE
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I REQUEST THE DEPARTMENT OF FISH AND WILDLIFE TO PROVIDE ME WITH INFORMATION FOR:

**COMMERCIAL FISHING LICENSE RECORDS**

FIRST NAME	M.I.	LAST NAME
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COMMERCIAL FISHING ID NUMBER <b>L</b>	DATE OF BIRTH
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CHECK THE BOX FOR EACH LICENSE YEARS YOU ARE REQUESTING VERIFICATION:

- |                                    |                                    |                                    |                                    |                                    |                                      |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 2025-2026 | <input type="checkbox"/> 2022-2023 | <input type="checkbox"/> 2019-2020 | <input type="checkbox"/> 2016-2017 | <input type="checkbox"/> 2013-2014 | <input type="checkbox"/> 2010-2011   |
| <input type="checkbox"/> 2024-2025 | <input type="checkbox"/> 2021-2022 | <input type="checkbox"/> 2018-2019 | <input type="checkbox"/> 2015-2016 | <input type="checkbox"/> 2012-2013 | <input type="checkbox"/> 2009-2010   |
| <input type="checkbox"/> 2023-2024 | <input type="checkbox"/> 2020-2021 | <input type="checkbox"/> 2017-2018 | <input type="checkbox"/> 2014-2015 | <input type="checkbox"/> 2011-2012 | <input type="checkbox"/> OTHER _____ |

**COMMERCIAL VESSEL LICENSE RECORDS**

TO OBTAIN VESSEL RECORDS, YOU MUST HAVE BEEN THE OWNER OF THE VESSEL DURING THE TIME PERIOD REQUESTED OR HAVE A SIGNED NOTARIZED STATEMENT FROM THE OWNER RELEASING THE RECORDS TO YOU.

FISH AND WILDLIFE BOAT NUMBER	VESSEL NAME
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CHECK THE BOX FOR EACH LICENSE YEARS YOU ARE REQUESTING VERIFICATION:

- |                                    |                                    |                                    |                                    |                                    |                                      |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 2025-2026 | <input type="checkbox"/> 2022-2023 | <input type="checkbox"/> 2019-2020 | <input type="checkbox"/> 2016-2017 | <input type="checkbox"/> 2013-2014 | <input type="checkbox"/> 2010-2011   |
| <input type="checkbox"/> 2024-2025 | <input type="checkbox"/> 2021-2022 | <input type="checkbox"/> 2018-2019 | <input type="checkbox"/> 2015-2016 | <input type="checkbox"/> 2012-2013 | <input type="checkbox"/> 2009-2010   |
| <input type="checkbox"/> 2023-2024 | <input type="checkbox"/> 2020-2021 | <input type="checkbox"/> 2017-2018 | <input type="checkbox"/> 2014-2015 | <input type="checkbox"/> 2011-2012 | <input type="checkbox"/> OTHER _____ |

**COMMERCIAL FISH BUSINESS LICENSE RECORDS**

FIRST NAME	M.I.	LAST NAME
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COMMERCIAL FISH BUSINESS ID NUMBER	BUSINESS NAME
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- 2025    2024    2023    2022    2021    2020    2019    2018    2017    OTHER \_\_\_\_\_

**RETURN FORM TO:** California Department of Fish and Wildlife  
 License and Revenue Branch  
 PO Box 944209, Sacramento, CA 94244-2090  
 Phone: (916) 928-5822 Fax: (916) 419-7585  
[LRBCOMM@wildlife.ca.gov](mailto:LRBCOMM@wildlife.ca.gov)

FOR FISH LANDING AND CPFV LOG RECORDS, CONTACT:  
 California Department of Fish and Wildlife  
 Attn: **Marine Fisheries Statistical Unit (MFSU)**  
 3030 Old Ranch Parkway, Ste. 400, Seal Beach, CA 90740  
 Phone: (562) 342-7130 Email: [MFSU@wildlife.ca.gov](mailto:MFSU@wildlife.ca.gov)