



LOBSTER OPERATOR PERMIT CATASTROPHIC LOSS TRAP TAG AFFIDAVIT

DFW 1701 (REV. 3/4/21) Page 1 of 3

FEE: \$1.25 per trap tag

INSTRUCTIONS: In the event of a catastrophic loss of 75 or more Lobster Operator Permit Trap Tags, complete and submit this affidavit with the nonrefundable fees for each replacement tag, to the California Department of Fish and Wildlife (CDFW), License and Revenue Branch, PO Box 944209, Sacramento, CA 94244-2090.

TYPE OR PRINT CLEARLY.

COMMERCIAL FISHING ID #	LOBSTER OPERATOR PERMIT #	GO ID NUMBER	
FIRST NAME	M.I.	LAST NAME	
MAILING ADDRESS		CITY	STATE ZIP CODE
PHYSICAL ADDRESS (DO NOT USE PO BOX)		CITY	STATE ZIP CODE
DAY TELEPHONE		EMAIL ADDRESS	

COMPLETE THE FOLLOWING:

A description of the events that resulted in the destruction or loss of trap tags and any other information that will help us assess the circumstances of the loss. Provide copies of documentation of any reports filed reporting the loss or destruction of trap tags.

Date the tags were first known to be lost or destroyed _____

Last known latitude and longitude coordinates of traps/tags _____

Date traps were last serviced _____

Describe if weather events, or other factors are the suspected causes of loss:

Number of Lobster Operator Permit Trap Tags to be replaced: _____ X \$1.25 = _____

On the chart on the back of the affidavit, circle the trap tag numbers that were lost.

All Lobster Operator Trap Tags identified as lost become null and void upon signing of the affidavit and remain so even if recovered at a later date. Based on the information provided in the written affidavit, CDFW shall only issue the number of lost trap tags that were reported as lost.

I hereby certify under penalty of perjury that said Lobster Trap Tags have been lost and cannot be recovered. I understand that falsely applying for catastrophic loss for replacement trap tags is a violation of the law, punishable by a fine of up to \$1,000 pursuant to Fish and Game Code, Section 1054, and California Code of Regulations, Title 14, Section 746.

SIGNATURE OF PERMIT HOLDER	DATE
X	

FOR CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE USE ONLY

APPROVED DENIED

REVIEWED BY _____
PRINT NAME
SIGNATURE
DATE

REVIEWED BY LRB/DATE LRB APPROVED REPLACEMENT TAGS _____

ISSUE BY/DATE _____



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NAME:	COMMERCIAL FISHING LICENSE #	LOBSTER OPERATOR PERMIT#
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Circle trap tag numbers that were lost.

1	11	21	31	41	51	61	71	81	91
2	12	22	32	42	52	62	72	82	92
3	13	23	33	43	53	63	73	83	93
4	14	24	34	44	54	64	74	84	94
5	15	25	35	45	55	65	75	85	95
6	16	26	36	46	56	66	76	86	96
7	17	27	37	47	57	67	77	87	97
8	18	28	38	48	58	68	78	88	98
9	19	29	39	49	59	69	79	89	99
10	20	30	40	50	60	70	80	90	100

101	111	121	131	141	151	161	171	181	191
102	112	122	132	142	152	162	172	182	192
103	113	123	133	143	153	163	173	183	193
104	114	124	134	144	154	164	174	184	194
105	115	125	135	145	155	165	175	185	195
106	116	126	136	146	156	166	176	186	196
107	117	127	137	147	157	167	177	187	197
108	118	128	138	148	158	168	178	188	198
109	119	129	139	149	159	169	179	189	199
110	120	130	140	150	160	170	180	190	200

201	211	221	231	241	251	261	271	281	291
202	212	222	232	242	252	262	272	282	292
203	213	223	233	243	253	263	273	283	293
204	214	224	234	244	254	264	274	284	294
205	215	225	235	245	255	265	275	285	295
206	216	226	236	246	256	266	276	286	296
207	217	227	237	247	257	267	277	287	297
208	218	228	238	248	258	268	278	288	298
209	219	229	239	249	259	269	279	289	299
210	220	230	240	250	260	270	280	290	300





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State of California – Department of Fish and Wildlife

CREDIT CARD PAYMENT AUTHORIZATION FORM

DFW1443b (REV. 8/2015)

The California Department of Fish and Wildlife accepts Visa and Mastercard credit card payments. Please complete this form and return with your application if paying by credit card.

CREDIT CARD TYPE: Visa MasterCard **TOTAL \$** _____ **EXPIRATION DATE (MM/YY)** |__|_| / |__|_|

CREDIT CARD #: |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| **CVC Number (On back of credit card)** |__|_|_|_|

I authorize CDFW to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

SIGNATURE		DATE	
PRINT NAME (As it appears on your credit card)		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE