



**END OF SEASON SPINY LOBSTER TRAP LOSS REPORTING AFFIDAVIT**

**INSTRUCTIONS:** At the end of each commercial fishing season, fill out the required information and submit the completed affidavit by **April 30<sup>th</sup>** to the California Department of Fish and Wildlife, 3883 Ruffin Rd., San Diego, CA 92123 or email to [Lobster@wildlife.ca.gov](mailto:Lobster@wildlife.ca.gov). A separate signed affidavit must be submitted for each lobster operator permit that a commercial fisherman possesses.

**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:**

Number of total traps lost or unrecovered	<input type="text"/>	Total number of tags used	<input type="text"/>
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Check the box if you did not fish this season

Check the box if you received replacement tags via a "Catastrophic Loss Affidavit"

*Describe the factual circumstance surrounding the loss of traps per fishing block (last known) and, if possible, the approximate date of loss. Additional rows are provided on page 3 of this form if needed.*

Last Known Fishing Block	Approximate Date (MM-DD-YYYY)	Number of Traps Lost	Reason for Loss if Known	
			Boat traffic Weather/ocean conditions Other: _____	Line tangled/broke Theft/tampering
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*I hereby certify under penalty of perjury, that said traps and associated trap tags have been lost. I understand that falsely reporting the number of traps lost is a violation of the law, pursuant to Fish and Game Code, Section 1054.*

SIGNATURE OF PERMIT HOLDER	DATE
<b>X</b>	



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NAME:	COMMERCIAL FISHING ID #	LOBSTER OPERATOR PERMIT #
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**Circle trap tag numbers of each reported lost trap associated with the above permit. For lost traps marked with replacement tags acquired through a catastrophic loss claim, please provide the tag number in the blank boxes at the bottom of this affidavit.**

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

**Replacement tag number**


**Privacy Notice**

Pursuant to California Code of Regulations, Title 14, Section 122.2, the Department of Fish and Wildlife (CDFW) is authorized to collect information from commercial spiny lobster operators to maintain a record of trap loss. All information requested on the affidavit is mandatory unless otherwise indicated. Failure to provide all of the requested information may result in enforcement action pursuant to California Fish and Game Code (FGC), Sections 12000 *et seq.* Pursuant to FGC, Section 391, CDFW may exchange or release to appropriate federal, state, or local agency or agencies in other states, for purposes of law enforcement, any information collected or maintained by CDFW. Questions, comments or complaints regarding this privacy policy or requests for personal information access, correction, or deletion should be sent to: [privacy@wildlife.ca.gov](mailto:privacy@wildlife.ca.gov). The CDFW Privacy Officer is responsible for the system of records and is located at 715 P Street, Sacramento, CA 95814 [no mail is accepted]; mail to: PO Box 944209, Sacramento, CA 94244-2090; the telephone number is (916) 445-0411. You may obtain a copy of your license records maintained by CDFW by contacting the custodian of records at the CDFW's License and Revenue Branch, PO Box 944209, Sacramento, CA 94244-2090, or email [LRB@wildlife.ca.gov](mailto:LRB@wildlife.ca.gov). All requests for copies of these records must be submitted in writing and include the requester's name, address, and telephone number.



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