## 2013-2014 IN-SEASON REPLACEMENT DUNGENESS CRAB BUOY TAG AFFIDAVIT EE: \$1.00 per tag PROCESSING FEE: \$9.53 (\$9.25 + \$.28 Application Fee)

INSTRUCTION: To replace a lost Dungeness crab buoy tag, submit this completed affidavit with fees to the Department of Fish and Game, License and Revenue Branch t 1740 N. Market Blvd., Sacramento CA 95834.

PLEASE PRINT O FARLY	Jiva., Gadramento CA 330				
F&G BOAT#	DUNGENESS CRAB PE	DUNGENESS CRAB PERMIT# TIER		GO ID NUMBER (From ALDS issued cense)	
FIRST NAME		M.I.	LAST NAME		
MAILING ADDRESS					
CITY		STATE ZIP	CODE		
DAY TELEPHONE		TE MAIL ADDDESS			
DAT TELETITIONE		E-MAIL ADDRESS			
Starting 30 days after the season ope	ener in the Call, rnia man	agement area where the Dui	ngeness crab permithole be	gan the Dungeness crab season,	
maximum number of replacement but	oy tags may be haved as	follows:		_	
	Tier	Buoy Tag Allocation	Maximum Reputement		
			Buoy ags	_	
	1	500	J0	-	
	2	450	45	-	
	3	400	40		
	5	350	35 30	-	
	6	2	25	-	
	7	175	18	-	
		116	10	1	
Number of replacement buoy tags re	quested				
Catastrophic Loss	beautiful and the second secon				
The Department may waive the repla	cement fee and the limit of	on the maximum allocation	in-season replacement buoy	tags when the Department issued buoy of the California Code of Regulations.	
				y applying for replacement buoy tags, is a	
violation of the law, punishable by a f	ine of up \$1,000 pursuan	ty Fish and Game Code, Se	ection 8276.5(b)(1), 1054, an	d Section 746, Title 14 of the California	
Code of Regulations.				photographic delication of the control of the contr	
				DATE 01/09/2013	
SIGNATURE OF PERMIT HOLDER	R				
For your convenience, we accept Vis	a and Mar Jercard. Pleas	e complete this form and ret	urn with your application if pay	ying by credit card. Thank you.	
I authorize the DFG to charge my tag	s to Visa	Mastercard		TOTAL: \$	
CARD#:			EYDIDA	ON DATE: (MMYY)	
O/MOW.			LATINA	DATE. (MINITY)	
I agree to pay the total amount accor	rding to the card issuer ag	reement	CVC Numbe	r (on tok of credit card)	
ragics to pay the total amount door	ding to the oard issuer ag	recincine.			
SIGNATURE		· · · · · · · · · · · · · · · · · · ·		PATE	
				5	
PRINT NAME: (A appears on you yo	ur credit card)		PHON	E NUMBER	