California Natural Resources Agency
CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE

2013-2014 IN-SEASON REPLACEMENT DUNGENESS CRAB BUOY TAG AFFIDAVIT

Fee: $1.00 per tag

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

PLEASE PRINT CLEARLY

F&G BOAT#	DUNGENESS CRAB PERMIT#	TIER	GO ID NUMBER (From ALDS issued license)

FIRST NAME	M.I.	LAST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

DAY TELEPHONE	E-MAIL ADDRESS

Starting 30 days after the season opener in the California management area where the Dungeness crab permitholder began the Dungeness crab season, maximum number of replacement buoy tags may be issued as follows.

Tier	Buoy Tag Allocation	Maximum Replacement Buoy Tags
1	500	50
2	450	45
3	400	40
4	350	35
5	300	30
6	250	25
7	175	18

Number of replacement buoy tags requested ☐

Catastrophic Loss

The Department may waive the replacement fee and the limit on the maximum allocation of in-season replacement buoy tags when the Department issued buoy tags are lost or destroyed due to circumstances beyond the control of the permit holder. Refer to Section 132.4, Title 14, of the California Code of Regulations.

I hereby certify under penalty of perjury, that said tags have been lost and can not be recovered. I understand that falsely applying for replacement buoy tags, is a violation of the law, punishable by a fine of up $1,000 pursuant to Fish and Game Code, Sections 8276.5(b)(1), 1054, and Section 746, Title 14 of the California Code of Regulations.

SIGNATURE OF PERMIT HOLDER	DATE
X	

Indicate type of payment: ☐ Check* ☐ Money Order ☐ Visa ☐ Mastercard

*Make checks or money orders payable to **California Department of Fish and Wildlife**
(Please do not send cash)

TOTAL: $|___|___|___|___|.|___|___|

CARD #: |___|___|___|___| |___|___|___|___| |___|___|___|___| |___|___|___|___|

EXPIRATION DATE (MM/YY): |___|___| / |___|___|

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.

PRINT NAME: (As it appears on credit card)	SIGNATURE:	DATE: (MM/DD/YYYY)