

State of California - Department of Fish and Wildlife

## 2023-2024 IN-SEASON REPLACEMENT DUNGENESS CRAB BUOY TAG AFFIDAVIT

DFW 1303 (REV. 12/05/23)

Fee: \$1.00 per tag

INSTRUCTIONS: 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 P.O. Box 944209, Sacramento, CA 94244-2090.

YPE OR PRINT CLEARLY.								
F&G BOAT #	DUNGENE	SS CRAB PERMIT#	TIER	TIER GO ID NUMBE		From ALE	S issued license)	
FIRST NAME		l M.I	I. LAST					
			[2, 10]					
MAILING ADDRESS			CITY			STATE	ZIP CODE	
VI TIEN TO TIED THE OC			0111			017112	211 0002	
DAY TELEPHONE		IFM	<u> </u>	FSS				
TELLI HONE				200				
Starting 30 days after the seaso crab season, a maximum numb	n opener in the C er of replacement	california managemen t buoy tags may be iss	nt area whe sued as fo	ere the Dungeness llows:	crab permithol	lder bega	the Dungeness	
	Tier	Buoy Tag Allocation		Maximum Replacement Buoy Tags				
	1	500		50				
_	2	450		45				
	<u>3</u>	400 350		40 35				
-	<u> </u>	300		30				
<u> </u>	6	250		25				
	7	175		18				
_			•					
The Department may waive the Department issued buoy tags at 14, of the California Code of Red I hereby certify under penalty of the Penalty of Penalty Hole Tender of Penalty Hole Penalty Office Penalty Hole Penalty Office Penalty O	re lost or destroyer gulations. Fiperjury, that said lation of the law, p 1746, Title 14 of t DER	ed due to circumstance  I tags have been lost bunishable by a fine of the California Code of	ees beyond and canno of up \$1,00 f Regulatio	the control of the  t be recovered. I u  pursuant to Fish  ns.	permit holder.	Refer to S falsely ap de, Section DAT	ection 132.4, Title oplying for ns	
Cash will no longer be accepted  METHOD OF PAYMENT – Indi			Wildlife off	· ·	•			
Enclose a check or money orde authorization below. *CHECK P	r payable to <b>Cali</b> t	fornia Department o	of Fish and	l Wildlife (CDFW)		ıe Visa or	MasterCard	
CREDIT CARD TYPE: Usa	a 🗌 MasterCard	d TOTAL \$		ЕХР	IRATION DAT	E (MM/Y	Y)   _ /	
CREDIT CARD #:			_	cvc	<b>Number</b> (On	back of c	redit card)	
authorize CDFW to charge the ccordance with the issuing bank			dit card pro	ovided herein. I ag	•	ay for this	purchase in	
SIGNATURE					DATE			
PRINT NAME (As it appears on your credit card)					PHONE	PHONE NUMBER		
ADDRESS			CITY		STATE	7	IP CODE	
			0		0.711	-		