



**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.

**TYPE OR PRINT CLEARLY.**

F&G BOAT #	DUNGENESS CRAB PERMIT#	TIER	GO ID NUMBER (From ALDS issued license)	
FIRST NAME		M.I.	LAST	
MAILING ADDRESS		CITY	STATE	ZIP CODE
DAY TELEPHONE		EMAIL ADDRESS		

Starting 30 days after the season opener in the California management area where the Dungeness crab permit holder began the Dungeness crab season, a 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 cannot be recovered. I understand that falsely applying for replacement buoy tags, is a violation of the law, punishable by a fine of up to \$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
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**X**

**FOR CALIFORNIA DEPARTMENT FISH AND WILDLIFE USE ONLY**

REVIEWED BY	DATE	SEQUENCE #
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Cash will no longer be accepted at California Department of Fish and Wildlife office starting January 1, 2017.

**METHOD OF PAYMENT** – Indicate type of payment:  Check\*  Money Order  Credit Card

Enclose a check or money order payable to **California Department of Fish and Wildlife (CDFW)** or complete the Visa or MasterCard authorization below. \***CHECK POLICY:** Checks must be imprinted with name and address.

**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