



**COASTAL COMMERCIAL CRAB FISHERY
BOUY TAG REPLACEMENT AFFIDAVIT
SEASON 2014-15**

LICENSE OWNER _____

VESSEL OPERATOR _____

ALTERNATE OPERATOR _____

PHONE NUMBER _____

LICENSE NUMBER _____

LOCATION TAG / POT WAS LAST SEEN _____

PRESUMED CAUSE OF TAG / POT LOSS _____

TOTAL REPLACEMENT TAGS ISSUED _____

REPLACEMENT TAG NUMBERS _____

There is a \$ 1.25 fee per replacement tag. You will be billed for total replacement tags received for the season. Payment for replacement tags will be required prior to receiving next year's tags.

I declare under penalty of perjury that the information recorded above is true and correct to the best of my knowledge and that I have received replacement buoy tags.

Signature of Operator or Alternate Operator Date

I served as a witness to the signing of this declaration and confirm that replacement buoy tags have been issued to the above named fisher.

Signature of WDFW witness Date

COASTAL BUOY TAG REPLACEMENT LOG / SEASON 2014-15

AGENCY LOCATION _____

PAGE _____ OF _____

Date	License Holder Name	License No.	No.of Tags Issued	Serial Numbers Of Replacement Tags	