



**COASTAL COMMERCIAL CRAB FISHERY
BUOY 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