

Puget Sound Commercial Crab Advisory Board Application

2025-2027 Term

Please fill out this form if you are interested in serving as a member of the Puget Sound Commercial Crab Advisory Board. Application are the primary factor weighted in advisor selection. Return applications to by August 1 for consideration. Return applications to 375 Hudson St., Port Townsend, WA 98368 or scan and send to **crab.report@dfw.wa.gov**.

General Applicant Information

1. Applicant Name: *

2. Primary Phone Number *

Enter your answer

3. Email: *

4. Mailing Address (Street Address, City, State, Postal Code) *

5. Are you a current or previous Puget Sound Commercial Crab Advisor? *

☐ Yes

☐ No

6. Which advisory board seat(s) are you interested in applying for? Choose all that apply *

- ☐ Bellingham / Blaine Geographically Centered Harvester (2 seats)
- ☐ Anacortes /La Conner / Oak Harbor Geographically Centered Harvester (2 seats)
- ☐ S. Whidbey Island / Everett / Seattle Metro Geographically Centered Harvester (2 seats)
- ☐ Olympic Peninsula Geographically Centered Harvester (2 Seats)
- ☐ At-large Commercial License Holder or Lessee (1 seat)
- ☐ Commercial License Holder or Lessee Un-affiliated with an Industry Association (1 seat)
- ☐ Representative of the commercial buying, exporting, or processing industries, including limited-fish seller endorsement holders (3 seats)
- ☐ At-large All-sector (buyer, harvester or other supporting industries) (1 seat)

7. Please describe your experience with the Puget Sound crab fishery as either a harvester, dealer, processor, or distributor. Include details related to the length of time, roles that you have held, areas that you have fished/bought crab from, or any relevant details. *

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8. Please describe why you want to participate as Puget Sound commercial crab advisory board member. *

9. What is your primary role in the fishery? *

- ☐ Harvester
- ☐ Buyer / Exporter
- ☐ Processor

Harvester Specific Questions

10. Are you a crab license owner or do you lease? *

- ☐ Owner
- ☐ I lease
- ☐ Both

11. Do you have any type of commercial seafood wholesale license? *

- ☐ Yes - Dealer License
- ☐ Yes - Limited Fish Seller Endorsement
- ☐ No - None

12. Please provide the city / port where you base your Puget Sound fishing operations from (i.e. Bellingham, Anacortes, Everett, etc.). *

13. Please select the three Crab Management Region(s) where you primarily harvest. *

Please select at most 3 options.

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3-2 |
| <input type="checkbox"/> 2E | <input type="checkbox"/> 3-3 |
| <input type="checkbox"/> 2W | <input type="checkbox"/> 3-4 |
| <input type="checkbox"/> 3-1 | |

14. What months do you participate in the PS crab fishery? *

Choose all that apply

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> October | <input type="checkbox"/> February |
| <input type="checkbox"/> November | <input type="checkbox"/> March |
| <input type="checkbox"/> December | <input type="checkbox"/> April |
| <input type="checkbox"/> January | |

15. What other fisheries do you / will you actively participate in? *

Choose all that apply

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> |
| <input type="checkbox"/> WA Coast Dungeness Crab | <input type="checkbox"/> |
| <input type="checkbox"/> OR Coast Dungeness Crab | <input type="checkbox"/> |
| <input type="checkbox"/> CA Dungeness Crab | <input type="checkbox"/> |
| <input type="checkbox"/> Alaska Dungeness Crab | <input type="checkbox"/> Alaska Crab |
| <input type="checkbox"/> PS Shrimp Pot | <input type="checkbox"/> |

16. Are you a current member of the Puget Sound Crab Association? *

- ☐ Yes
- ☐ No

17. If you are part of commercial fishing association that is not the Puget Sound Commercial Crab Association, please provide the name(s).

Commercial Buyer / Processor Specific Questions

18. Please provide the company/business name you are/were affiliated with. *

19. Please select the Crab Management Regions that you purchase crab from.
Choose all that apply *

☐ 1 ☐ 3-2

☐ 2E ☐ 3-3

☐ 2W ☐ 3-4

☐ 3-1

20. Please select the role(s) that describe your operation most accurately?
Choose all that apply

☐ Live crab buyer

☐ Distributor

☐ Exporter

☐ Processor

☐ Direct retail seller

21. What other fisheries and species do you commercially buy catch from? *