

# SPORT CRABBING LICENSE APPLICATION

## DIRECTIONS FOR SUBMITTING APPLICATION

1. Print the application form
2. Complete all information on form including boat length and State Registration Number
3. Sign the form; enclose a check for the amount indicated beside the type of license you request
4. The check should be made payable to Potomac River Fisheries Commission
5. Mail the completed application form along with your check to:

Potomac River Fisheries Commission  
 P.O. Box 9  
 Colonial Beach, VA 22443



**SPORT CRABBING LICENSE**  
 POTOMAC RIVER FISHERIES COMMISSION  
 P.O. BOX 9  
 COLONIAL BEACH, VIRGINIA 22443



### POTOMAC RIVER FISHERIES COMMISSION

PLEASE PRINT CLEARLY

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Ft. \_\_\_\_ In. \_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Date of Birth Height Sex Telephone Number

I do hereby certify under the penalty for perjury that I am the owner of the boat listed, if any, and that all statements made herein are true.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you had a PRFC Sport Crabbing License previously? YES \_\_\_ NO \_\_\_

### ONLY ONE LICENSE PER BOAT

If you are applying for a boat license give the:		Length ____ ft. ____ in.
State Registration # _____ - _____ - _____		
or, if Documented, Reg. Name _____		
Sport Crabbing License		\$30.00

DO NOT WRITE IN THIS BOX

Valid through December 31	
Date ____/____/____	
Cash _____ Check _____	
By _____ Total \$ _____	

REV. 11/08