

# COMMERCIAL CRABBING LICENSE TRANSFER APPLICATION

Chapter 4VAC20-1040-10 et seq. provides that crabbing licenses may be transferred from a registered commercial fisherman to: 1) an immediate family member of the licensee 2) in the case of death or incapacitation of the licensee, or 3) to any other registered commercial fisherman, without further condition provided, this type of transfer shall be limited to 100 per calendar year.

**All transfers shall be documented on this form and are subject to the approval of the Commissioner.**

Name of Current License holder (Transferor): \_\_\_\_\_

Address of Current License Holder: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ VMRC ID: \_\_\_\_\_

Type of License to be Transferred (if applicable, list site number(s) to be transferred):  
\_\_\_\_\_

\*\*\*\*\*

Name of Transferee: \_\_\_\_\_

Address of Transferee: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ VMRC ID: \_\_\_\_\_

Check all that apply and attach indicated information:

- Within **immediate** family transfer, indicate relationship: \_\_\_\_\_
- Licensee has passed away; attach copy of death certificate.
- Licensee is incapacitated; attach statement of attending physician.
- Standard transfer, none of the above conditions apply, limited to 100 transfers per year.

\*\*\*\*\* **ATTACH CURRENT CRAB LICENSE AND LICENSE PLATE** \*\*\*\*\*

\_\_\_\_\_  
SIGNATURE OF TRANSFEROR

\_\_\_\_\_  
SIGNATURE OF TRANSFEREE

<p>State of Virginia City/County of _____,</p> <p>to wit: I, _____, a Notary Public, hereby certify that _____ whose name is subscribed above, has acknowledged the same before me in my State aforesaid.</p> <p>Given under my hand this _____ day of _____, 20__.</p> <p>_____ Notary Public Signature My commission expires: _____</p>	<p>State of Virginia City/County of _____,</p> <p>to wit: I, _____, a Notary Public, hereby certify that _____ whose name is subscribed above, has acknowledged the same before me in my State aforesaid.</p> <p>Given under my hand this _____ day of _____, 20__.</p> <p>_____ Notary Public Signature My commission expires: _____</p>
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Notary Stamp Here:

Notary Stamp Here:

STAFF ONLY:

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date