

BLACK DRUM HARVESTING PERMIT
TRANSFER REQUEST



20 _____

THE REQUEST WILL BE REVIEWED BY THE COMMISSIONER OR HIS DESIGNEE. SEND APPLICATION TO:

VIRGINIA MARINE RESOURCES COMMISSION
PLANS AND STATISTICS
2600 WASHINGTON AVE. 3RD FLOOR
NEWPORT NEWS, VA 23607

TRANSFERORS NAME: _____

ADDRESS: _____

DAY PHONE: _____ EVENING PHONE: _____

GEAR TYPE: _____ GEAR AMOUNT: _____

COMMERCIAL REGISTRATION NUMBER (MRC ID): _____

TRANSFEREES NAME: _____

ADDRESS: _____

DAY PHONE: _____ EVENING PHONE: _____

GEAR TYPE: _____ GEAR AMOUNT: _____

COMMERCIAL REGISTRATION NUMBER (MRC ID): _____

SIGNATURE OF TRANSFEROR

SIGNATURE OF TRANSFEREE

State of Virginia City/County of _____, to wit:

I, _____, a Notary Public, hereby certify that

and _____,

Whose names are subscribed above, have acknowledged the same before me in my State aforesaid.

Given under my hand this _____ day of _____, 20__.

Notary Public

My commission expires: _____

APPROVED: _____
VIRGINIA MARINE RESOURCES COMMISSIONER OR DESIGNEE DATE

REVISED 04/13 SMH

PERMIT TRANSFER REQUEST:

