

# COMMERCIAL CRABBING LICENSE TRANSFER APPLICATION

Regulation 4 VAC 20-1040-10 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 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: \_\_\_\_\_

\*\*\*\*\*

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 TRANSFEEE

State of Virginia City/County of \_\_\_\_\_,  
to wit: I, \_\_\_\_\_, a Notary  
Public, hereby certify that \_\_\_\_\_  
whose name is subscribed above, has acknowledged the same  
before me in my State aforesaid.  
Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 203\_\_\_\_.

Notary Public Signature  
My commission expires: \_\_\_\_\_

Notary Stamp Here:

State of Virginia City/County of \_\_\_\_\_,  
to wit: I, \_\_\_\_\_, a Notary  
Public, hereby certify that \_\_\_\_\_  
whose name is subscribed above, has acknowledged the same  
before me in my State aforesaid.  
Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 203\_\_\_\_.

Notary Public Signature  
My commission expires: \_\_\_\_\_

Notary Stamp Here:

STAFF ONLY:

\_\_\_\_ Approved

\_\_\_\_ Denied

Signature

Date