



LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES DEALER RECEIPT FORM (OYSTER TRIPS ONLY)

Please print characters like this and stay within the boxes. Use only blue or black ink.

677

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

DEALER COPY

TICKET NO.

SCREENED 40%

XXXXXXX ← Number will print in black ink on printed form

CONTINUATION TICKET NO.

Continuation ticket number boxes

VOID TICKET

Void ticket checkbox

FISHERMAN PROVIDED INFORMATION

VESSEL NAME

COMMERCIAL FISHERMAN'S NAME (Please Print)

Coast Guard Documented Vessel Number

OR State Vessel Registration Number

Area Fished

Gear Used

Commercial Fisherman's License Number

Commercial Fisherman's License Number boxes

Vessel License Number

Vessel License Number boxes

WHOLESALE/RETAIL SEAFOOD DEALER PROVIDED INFORMATION

Dealer's License Number

Dealer's License Number boxes

DEALER'S NAME (Please Print)

YEAR

Year boxes

MONTH

Month boxes

DAY	TRIP TIME	PUBLIC	PRIVATE	QUANTITY	SHELL STOCK			PRICE/UNIT	VALUE	FISHERMAN'S INITIALS	VOID
					SACK	BUSHEL	BARREL				
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>

ITEM	DEALER DEDUCTIONS	COST

TOTAL PURCHASES	
TOTAL DEDUCTIONS	
TOTAL PAID	

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FISHERMAN'S SIGNATURE

DEALER'S SIGNATURE

NOTE: ALL INFORMATION REQUIRED BY LAW MUST BE COMPLETED FOR EACH TRIP. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN CRIMINAL CONSEQUENCES.  
NOTE: THIS FORM MAY BE USED FOR TRANSACTIONS FOR NO MORE THAN 7 CONSECUTIVE DAYS.

PERF

PERF

LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES DEALER RECEIPT FORM (OYSTER TRIPS ONLY)

Please print characters like this and stay within the boxes. Use only blue or black ink.

677

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

FISHERMAN COPY

TICKET NO.

SCREENED 40%

XXXXXXX ← Number will print in black ink on printed form

CONTINUATION TICKET NO.

Continuation ticket number boxes

VOID TICKET

Void ticket checkbox

FISHERMAN PROVIDED INFORMATION

COMMERCIAL FISHERMAN'S NAME (Please Print)

VESSEL NAME

Coast Guard Documented Vessel Number

OR State Vessel Registration Number

Area Fished

Gear Used

Commercial Fisherman's License Number

Commercial Fisherman's License Number boxes

Vessel License Number

Vessel License Number boxes

WHOLESALE/RETAIL SEAFOOD DEALER PROVIDED INFORMATION

Dealer's License Number

Dealer's License Number boxes

DEALER'S NAME (Please Print)

YEAR

Year boxes

MONTH

Month boxes

DAY	TRIP TIME	PUBLIC	PRIVATE	QUANTITY	SHELL STOCK			PRICE/UNIT	VALUE	FISHERMAN'S INITIALS	VOID
					SACK	BUSHEL	BARREL				
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>

ITEM	DEALER DEDUCTIONS	COST

TOTAL PURCHASES	
TOTAL DEDUCTIONS	
TOTAL PAID	

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FISHERMAN'S SIGNATURE

DEALER'S SIGNATURE

NOTE: ALL INFORMATION REQUIRED BY LAW MUST BE COMPLETED FOR EACH TRIP. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN CRIMINAL CONSEQUENCES.  
NOTE: THIS FORM MAY BE USED FOR TRANSACTIONS FOR NO MORE THAN 7 CONSECUTIVE DAYS.

PERF

PERF