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

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

875 ■ 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

DEPARTMENT COPY ■

TICKET NO. XXXXXXX ← Number will print in black ink on printed form

CONTINUATION TICKET NO.

VOID TICKET ☐

FISHERMAN PROVIDED INFORMATION

COMMERCIAL FISHERMAN'S NAME (Please Print)

Commercial Fisherman's License Number C

Vessel License Number C

VESSEL NAME

Coast Guard Documented Vessel Number
OR
State Vessel Registration Number - -

Area Fished -

Gear Used

WHOLESALE/RETAIL SEAFOOD DEALER PROVIDED INFORMATION

SEAFOOD DEALER'S NAME (Please Print)

Dealer's License Number C

YEAR

MONTH

DAY	TRIP TIME	SHELLFISH CODE	QUANTITY	UNIT	COND	COUNT OR MARKET	PRICE/UNIT	VALUE	FISHERMAN'S INITIALS	VOID
			, .			-	.	$		☐
			, .			-	.	$		☐
			, .			-	.	$		☐
			, .			-	.	$		☐
			, .			-	.	$		☐
			, .			-	.	$		☐
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			, .			-	.	$		☐
			, .			-	.	$		☐
			, .			-	.	$		☐
			, .			-	.	$		☐
			, .			-	.	$		☐

PROOF

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 MULTIPLE TRANSACTIONS WITHIN A SINGLE MONTH.

■ ■

PERF PERF

1A 1B

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