

RFx #3000025148

Attachment C – Samples

Printing of Receipt Forms

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

1234567890 ABCDEFGHIJKLMNOPQRSTUVWXYZ

DEPARTMENT COPY

TICKET NO.

3379310

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

Dealer's License
Number

C

DEALER'S NAME (Please Print)

YEAR

MONTH

DAY	TRIP TIME	PUBLIC	PRIVATE	QUANTITY	SACK	SHELL STOCK BUSHEL	BARREL	PRICE/UNIT	VALUE	FISHERMAN'S INITIALS	VOID
		<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.

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

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

TICKET NO. 0645317

CONTINUATION
TICKET NO.VOID
TICKETVESSEL
NAME

COMMERCIAL FISHERMAN'S NAME (Please Print)

Commercial Fisherman's
License Number

C

Vessel License Number

C

Coast Guard Documented
Vessel Number

OR

State Vessel Registration
Number

Area Fished

Gear Used

Dealer's
License Number

SEAFOOD DEALER'S NAME
(Please Print)

C

YEAR

MONTH

ITEM	DEALER DEDUCTIONS	COST

TOTAL PAID

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.

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

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. 2091213

CONTINUATION
TICKET NO.

VOID
TICKET

VESSEL
NAME

COMMERCIAL FISHERMAN'S NAME (Please Print)

Coast Guard Documented
Vessel Number

OR

State Vessel Registration
Number

Area Fished

Gear Used

Seafood Dealer's
License NumberSEAFOOD DEALER'S NAME
(Please Print)

Transaction Date

PERMITTED SPECIES

TYPE

PERMIT NUMBER

TOTAL PURCHASES

TOTAL DEDUCTIONS

TOTAL PAID

ITEM	DEALER DEDUCTIONS	COST
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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. NOTE: I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN CRIMINAL CONSEQUENCES