



ODFW License Services
 4034 Fairview Industrial Dr. SE
 Salem, Oregon 97302
 503-947-6101
 Fax: 503-947-6117

Vessel Doc. or
 Or Marine Board# _____

Vessel Name: _____

Crab Permit # _____

Buoy Brand # _____
 (Required)

Pot Limit # _____

Permit Holder Name: _____
 (If Business or Corporation Name, include papers for signature authority-(Required))

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____
 (Required)

Contact Phone Number if Lost Pot Tags are found: _____
 (Required)

**Tags will be sent to the above address, unless alternate address is listed below.
 UPS will not deliver to P.O. Box, please include a physical address.**

Alternate UPS Shipping Address: _____

City, State, Zip Code, _____

Name ONE alternate person that may pick up replacement buoy tags if the Permit Owner is not available: _____

NOTE: No one other than the Permit holder or named alternate may pick up replacement tags.

No partial orders will be processed.

Buoy Tags are \$1.15 each Total Amount Due \$ _____

Payment options: Check or Money Order (Mail Order) Visa/Master Card/Discover (MM/YY) CVC _____ Card No. _____ - _____ - _____ - _____ Exp Date: _____ SIGNATURE OF CARD HOLDER: _____

x _____

****Signature of Permit Owner (Required) ****

Date