



REQUEST FOR RELEASE OF PERSONAL WHOLESALE DEALER LANDINGS DATA

All information must be filled in **completely** in order to obtain information from the Marine Fisheries Information System (MFIS). Information is made available **ONLY TO THE HOLDER OF THE LICENSE** for which such information is requested.

Wholesale Seafood Dealer Number: WD _____

FULL NAME: _____
NAME AS IT APPEARS ON LICENSE – **PRINT ONLY**

Social Security*: _____ or FEID Number: _____

*The Florida Fish and Wildlife Conservation Commission (FWC) collects social security number (SSN) for the issuance of recreational and professional wildlife, fishing or hunting licenses or permits to an individual in accordance with s. 379.352 F.S. and 42 USC 666 for the purposes of administration of the Title IV-D program for child support enforcement, use by the commission, and as otherwise provided by law.

PHYSICAL ADDRESS (as shown on license): _____

MAILING ADDRESS: _____

_____ FAX or Email _____

LANDINGS ARE SUMMARIZED BY ANNUAL TOTALS; PLEASE INDICATE IF YOU NEED THEM SHOWN DIFFERENTLY

These landings are requested for:

Income Tax Year: _____ Other: _____

Special Instructions: _____

Run Landings for: _____ to _____
month and year month and year

ORIGINAL MUST BE SIGNED, NOTARIZED, AND MAILED, E-MAILED OR FAXED TO THE ADDRESS BELOW

SIGNED: _____ PRINT NAME: _____

STATE OF FLORIDA, COUNTY OF _____

Before me personally appeared _____, to me well known and known to me to be the person described herein, and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this _____ day of _____, A.D. 20 _____

My commission expires _____

Notary Public, State of Florida

(SEAL)

PLEASE RETURN ORIGINAL TO:

TRIP TICKET OFFICE
FISH AND WILDLIFE RESEARCH
INSTITUTE 100 8TH Ave SE I1-FDM
ST. PETERSBURG, FL 33701-5095
Toll Free (866) 447-5515
FAX (727) 894-6181
tripticketsupport@myfwc.com