



License Management Review Board Appeals Request

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____

Boat Name: _____ Boat Length: _____ feet Brake Horsepower: _____ Bhp

USCG Documentation Number or State Registration Number: _____

I am requesting consideration to purchase the following commercial boat/fishing license(s) for the current license year:
(Check all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Resident Bay Shrimp Boat | <input type="checkbox"/> Resident Bait Shrimp Boat | <input type="checkbox"/> Resident Gulf Shrimp Boat |
| <input type="checkbox"/> Non-resident Bay Shrimp Boat | <input type="checkbox"/> Non-resident Bait Shrimp Boat | <input type="checkbox"/> Non-resident Gulf Shrimp Boat |
| <input type="checkbox"/> Resident Oyster Boat | <input type="checkbox"/> Resident Finfish | <input type="checkbox"/> Resident Crab |
| <input type="checkbox"/> Non-resident Oyster Boat | <input type="checkbox"/> Non-resident Finfish | <input type="checkbox"/> Non-resident Crab |

I am submitting this appeals request for the following reason(s):

- Medical Hardship Financial Hardship Legal/Estate/Probate Settlement Other

With this request, please enclose a narrative summary and copies of any supporting documentation, such as previous licenses, vessel registration documentation, receipts, medical records, and/or court papers, describing the circumstances preventing a timely license renewal and subsequent non-eligibility status. **Do not send original documents.** Failure to thoroughly explain your case may delay the process or may result in a denial of your appeal.

The Texas Parks and Wildlife Department (Department) will forward your appeal to the License Management Review Board (Review Board), and await a recommendation. If requested by the Review Board, the Department will provide any historical records we have regarding license history and commercial trip ticket data to assist in the appeal process.

Your appeal will be processed as soon as possible, dependent upon an assembly of the Review Board members. Please note a minimum of 30 business days is generally required to process an appeal.

The Department will notify you by letter of the Review Board's decision.

I understand that under Texas Penal Code §37.10, it is a crime to make a false statement on this form.

Appellant Signature: _____

Date: _____

Texas Parks and Wildlife Department maintains the information collected through this form. With few exceptions, you are entitled to be informed about the information we collect. Under Sections 552.021 and 552.023 of the Texas Government Code, you are also entitled to receive and review the information. Under Section 559.004, you are also entitled to have this information corrected.

Mail this Appeals Request and all Documentation to:

Texas Parks and Wildlife Department
Coastal Fisheries Division
Attn: License Appeals
6300 Ocean Drive
Suite 2500
Corpus Christi, Texas 78412
*Mark the envelope **CONFIDENTIAL***

Notice:

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The Department will notify you by letter of the Review Board's decision.

For more information regarding your appeals request, call:

Texas Parks and Wildlife Department

Art Morris
Outreach Specialist
Corpus Christi
361-825-3356