# BLACK DRUM HARVESTING PERMIT TRANSFER REQUEST

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#### THE REQUEST WILL BE REVIEWED BY THE COMMISSIONER OR HIS DESIGNEE. SEND APPLICATION TO:

#### VIRGINIA MARINE RESOURCES COMMISSION 308 Fenwick Road. Building 96

Hampton, VA 23651

TRANSFERORS NAME:		
ADDRESS:		
DAY PHONE:	EVENING PHONE:	
GEAR TYPE:	_GEAR AMOUNT:	
COMMERCIAL REGISTRATION NUMBER (MRC ID):		
TRANSFEREES NAME:		
ADDRESS:		
DAY PHONE:	EVENING PHONE:	
GEAR TYPE:	_GEAR AMOUNT:	
COMMERCIAL REGISTRATION NUMBER (MRC ID):		

## SIGNATURE OF TRANSFEROR

SIGNATURE OF TRANSFEREE

State of Virginia City/County of,	State of Virginia City/County of,
to wit: I,, a Notary	to wit: I,, a Notary
Public, hereby certify that	Public, hereby certify that
whose name is subscribed above, has acknowledged the same	whose name is subscribed above, has acknowledged the same
before me in my State aforesaid.	before me in my State aforesaid.
Given under my hand thisday of, 20	Given under my hand thisday of, 20
Notary Public Signature	Notary Public Signature
My commission expires:	My commission expires:

### APPROVED: VIRGINIA MARINE RESOURCES COMMISSIONER OR DESIGNEE DATE