

## STATE OF LOUISIANA DEPARTMENT OF NATURAL RESOURCES FISHERMAN'S GEAR COMPENSATION FUND CLAIM FORM

For questions, contact (225)342-7268.											
RETURN COMPLETED FORM		Gear Compensat			CE USE ONLY						
TO:	•	of Natural Resou	rces	CLAIM NO.							
	P.O. Box 444	87 2, Louisiana 70804	1_//87	CLAIM AMT.							
		, Louisiana 7000-	<del></del> 07	CLAIIVI AIVIT.							
A. APPLICANT INFORMAL NAME	VIATION		TELEPH	HONE NUMBER							
MAILING ADDRESS											
CITY STATE ZIP CODE PARISH OF RESIDENCE											
B. ONLY LOUISIANA CITIZENS WHO ARE FULL-TIME COMMERCIAL FISHERMAN MAY FILE CLAIMS											
Are you a Louisiana citizen		Are you a full-time commercial fisherman?									
YES NO				☐ YES ☐ NO							
1 <u>-</u>	Are you incorporated?			Are you the sole owner of the boat?  YES NO							
If yes, enter Corporation N	YES NO			no no name(s) of co-owner(	s):						
Social Security Number and	d/or Corporation N	lumber, if									
incorporated: What is your specific occup	pation? (captain, d	eckhand, etc.)									
What other sources of inco	me do you have?										
Based on your last filed inc	ome tax return, do	you derive at									
least fifty percent (50%) of		-	YES	□ NO							
Fishing?											
What is your Commercial F	ishing license num	ber?									
VESSEL OWNER INFORMAT	TION		VESSEL INFORMATION								
NAME			VESSEL NAME								
MAILING ADDRESS			HOMEPORT								
CITY	STATE	ZIP CODE	TYPE								
				LENGTH							
TELEPHONE NUMBER	TELEPHONE NUMBER										
Number of People on boar	d at the time of the	e incident:									
Louisiana Boat Registration											
Documentation Number:											
					DUE TO AN ENCOUNTER						
WITH AN UNDERWATER OBSTRUCTION LOCATED IN WATERS WITHIN THE LOUISIANA COASTAL ZONE, AS DEFINED IN R.S. 49:214.24											
Briefly describe the type of fishing operation being conducted and a description of how the encounter occurred:											
, ,,			•		-						
Please give the location of the obstruction in longitude and latitude (preferred), or provide a map with the location marked.											
In addition give the physical location. (For example, one mile south of Grand Isle Beach, ½ mile east of Alligator Point, etc.)											
Location:											
Lat:	Long:										
Date of Encounter:		-		Time of Encounter:							
Parish of Obstruction Enco	unter:										
Approximate water depth:		1	Obstruction?	•							

Give a brief description and identity of obstruction, if known.												
What efforts did you make to identify the party who may be responsible for the obstruction?												
D. CLAIM INFORMATION												
Total amount of clai	m:	\$										
In your own words, describe the damage to your vessel and/or gear. Give a detailed description of the gear that was damaged.												
Do you have an insurance policy on this vessel?												
If yes, complete the	following:											
Policy Number:				Insurance Co	mpany							
Insurance Agent Information:	NAME			TELEPHONE NUM	1BER							
	MAILING ADDRESS CITY STATE						ZIP CC	DE				
Did you file with the insurance company?			6 NO	Received P	ayment?	YES	NO					
Is any of the damage stated above covered under this policy?							YES NO					
Have you ever filed		_	ed abov	e under any U	Inited States	<b>,</b>	YES	NO				
Government Compensation program?  If yes, which program and when:												
Have you ever filed a claim with this program?							☐ YES ☐ NO					
If yes, when did you	last file?	Month:				Year:						
Have you ever filed a lawsuit on this matter?							YES _	NO				
**IF YOU ARE PA	AID BY AN INSURAI	NCE COMPANY	OR OIL AN	ID GAS COMPAN	IY, YOU ARE RE	QUIRED TO REP	PORT PAYMENT	O THE FUND**				
Give NAME, ADDRES		ONE NUMBE	R of all v	witnesses to t	he encounte	er. You must	submit a not	arized handwritten				
NAME	ii withess.			NAME								
MAILING ADDRESS				MAILING ADDRESS								
CITY	STATE	ZIP	CODE	CITY		STATE	ZIP COD	•				
PHONE NUMBER				PHONE NUMBER								
E. AFTER COMPLETION, THIS FORM MUST BE SIGNED BEFORE A NOTARY OR OTHER OFFICIAL EMPOWERED TO ADMINISTER OATHS. LOUISIANA LAW PROVIDES PENALTIES FOR FRAUD.												
I certify that the information appearing herein is true and correct to the best of my knowledge.												
Signature												
Sworn to and subscribed before me this day of												
Sign & Print name Notary Public (include ID number)												