Fishermen's Gear Compensation Fund Department of Natural Resources P.O. Box 44487 Baton Rouge, LA 70804-4487 (225) 342-7268

Dear Claim#nt: Claim#

The enclosed claim form must be completed and returned to us within **90 days** of the incident. **UNDER NO CIRCUMSTANCES CAN A CLAIM FORM BE PROCESSED IF IT IS POSTMARKED MORE THAN 90 DAYS AFTER THE INCIDENT OCCURRED.** If you cannot obtain all of the required documentation for your claim within a reasonable time, you can mail your completed, notarized claim form without the attachments to avoid missing the 90 day deadline.

WHEN CALLING ABOUT YOUR CLAIM, PLEASE HAVE YOUR CLAIM NUMBER AVAILABLE.

The following list of items will be needed in order to process your claim. A claim shall be deemed invalid if the claimant cannot, for any reason, produce the documentation required below:

- 1. CLAIM FORM, COMPLETELY FILLED OUT, SIGNED AND NOTARIZED.
- 2. **COPY OF** (**FRONT AND BACK**) **OF THE FOLLOWING LICENSES:** Commercial Fishing License, Vessel License and License for the equipment that was in use at the time of the incident (trawls, skimmers, crab traps, oyster dredge, etc.). The license must be valid for the year in which the incident took place and all licenses must be signed (legibly) on the back.
- 3. **COPY OF** (FRONT AND BACK) **OF THE BOAT REGISTRATION PAPERS** A copy of your Louisiana Boat Registration (with the Louisiana Department of Wildlife & Fisheries) or USCG Certificate of Documentation. Please make sure that the registration was valid at the time of the incident and the writing is legible.
- 4. WITNESS STATEMENT(S) A <u>separate</u>, <u>handwritten</u> statement, explaining the incident from each witness, in their own words, must be sent. It must include the name, address and telephone number of each witness. It must then be signed and notarized.
- 5. **COORDINATES** Please send the location of your incident in Latitude/Longitude coordinates. If you do not have coordinates of the incident available, you may purchase a map, copy the relevant area, and mark the location of your hang on the map.
- 6. COPY OF FEDERAL AND STATE TAX FORMS (INCLUDING SCHEDULE C) Completed and signed copies of the previous year's Federal 1040 (Including the Schedule C, Schedule A and/or any 1099-G forms associated with 'Other Income' or Deepwater Horizon payments), Louisiana State tax forms, and all W-2s must be provided. If incorporated, please send copies of your Federal and State Corporation taxes. Please make sure all parties have signed and dated the forms to avoid any delays in processing your claim.

PLEASE ONLY SEND COPIES OF TAX PAPERS. THIS OFFICE WILL NOT BE RESPONSIBLE FOR ORIGINAL TAX DOCUMENTS THAT ARE LOST OR STOLEN IN THE MAIL, AND WE WILL NOT MAKE COPIES TO RETURN TO YOU.

- 7. **ORIGINAL RECEIPTS FOR DAMAGE** Receipts/estimates must be on letterhead from an official net shop, boat shop, dry dock company, etc. They must include the date, seller's name, address and telephone number. The claimant's name and address should also be on the invoice/estimate as well as a description of the items to be repaired or replaced. For outboard motors, the estimate/receipt must include the motor's serial number. The claim amount you indicate should total the amount of all of the new receipts. If you qualify, the fund cannot pay you for any amount above the amount indicated on the claim form, and it will not pay for receipts/estimates made before the date of the incident. Additionally, if the damaged gear is repaired/replaced before an award is made under this Program, a copy of the paid invoice or receipt is required. **FOR THE NEW RECEIPTS/ESTIMATES, PLEASE SEND ORIGINALS. WE WILL RETURN THEM TO YOU.**
- 8. COPY OF RECEIPTS FOR OLD GEAR/PROOF OF OWNERSHIP Receipts for old gear must be completely filled out receipts. They must include the date, full name, address and telephone number of the seller printed or written neatly on them. They should also have the claimant's name and/or address on it. If a claimant makes his/her own nets, a notarized statement to that effect will be needed along with receipts for materials purchased to make/repair the nets. Proof of ownership must include paid receipts together with proof of payment such as copies of money orders or bank cashier's checks for the gear. LAC Title 43, Part 1, §1509A.5.b states that "no receipts paid by "cash" will be accepted for gear purchased after the effective date of this rule except for receipts from bona fide businesses in possession of a commercial or business permit/license which was in effect at the time of the sale or repair, or a notarized affidavit from a business owner or chief executive officer of the business supporting the validity of the sale or repair"
- 9. **PICTURES** Please submit photographs of vessel damage which must show the claimed damage while still on the vessel. For example, if the lower unit is damaged, please send a picture of the damaged lower unit while it is still on the boat. At a minimum please submit a photograph of the vessel showing the registration/documentation number and/or name of the vessel. When there has been damage to the motor, please send a photograph of the motor and a photograph of the serial number of the motor with a receipt showing the same.
- 10. **COPY OF W-9** The enclosed form W-9 (Request for Taxpayer Identification Number and Certification) must be completed, signed, dated and returned with your claim. If you qualify, no claim can be paid unless this form is on file with the state.

Once we have received all of the documents listed above, we will begin to process your claim. Please write your claim number on all documents, including pictures. If you have any questions, feel free to call the Fishermen's Gear Compensation Office at (225) 342-7268.

Filing a false claim is a serious matter and the continued existence of the Fishermen's Gear Compensation Program depends on the honesty of all claimants. ALL CLAIMS ARE SUBJECT TO INVESTIGATION. LOUISIANA LAW PROVIDES CRIMINAL PENALTIES FOR FRAUD AND FILING FALSE RECORDS.

Sincerely,

The Fishermen's Gear Compensation Fund