

MARINE INVASIVE SPECIES FEE – AGENT AGREEMENT

_____ authorizes _____
OWNER/OPERATOR OF VESSEL NAME OF MARINE AGENCY
 and their duly authorized officers or representatives with the authority to act on our behalf for matters relating to the Marine Invasive Species Fee with the California Department of Tax and Fee Administration (CDTFA), for port arrivals listing _____ as our representative.
NAME OF MARINE AGENCY

This agreement does not relieve _____ from the responsibility to remit the
OWNER/OPERATOR OF VESSEL
 Marine Invasive Species Fee to the CDTFA, in accordance with Section 71215 of the Public Resources Code.

This agreement shall remain in effect until it has been terminated in writing.

<i>Signatory, if not a corporate officer, member, partner, or owner, certifies under penalty of perjury that they have power of attorney to execute this document.</i>	EMAIL ADDRESS
SIGNATURE	PRINTED NAME OF SIGNATORY
CAPACITY	DATE
MAILING ADDRESS	

Mail to: California Department of Tax and Fee Administration
PO Box 942879, MIC:88
Sacramento, CA 94279-0088
 or email to STF.MIS@cdtfa.ca.gov

For more information, visit our website at www.cdtfa.ca.gov, or call our Customer Service Center at 1-800-400-7115 (CRS:711).

Customer service representatives are available Monday through Friday from 8:00 a.m. to 5:00 p.m. (Pacific time), except state holidays.

Make a copy of this document for your records.