

HORSESHOE CRAB RECAPTURE REPORT

Expires: XX/XX/20XX

Circular White Tag:	
Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tag Number: _____ Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Tag:	
Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tag Number: _____ Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Crab Condition: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown	Date Captured or Found: _____
Crab Fate (<i>Please check one</i>):	
<input type="checkbox"/> Released (<i>Left on Beach</i>)	<input type="checkbox"/> Sold or Bought
<input type="checkbox"/> Tag Found Only	<input type="checkbox"/> Kept for Personal Bait
<input type="checkbox"/> Other: _____	
Reporter Type (<i>Please check one</i>):	
<input type="checkbox"/> Beach Comber (<i>General Public</i>)	<input type="checkbox"/> Biomedical Company
<input type="checkbox"/> Commercial Fisherman	<input type="checkbox"/> Horseshoe Crab Spawning Surveyor
<input type="checkbox"/> Sport Fisherman (<i>Hook & Line</i>)	<input type="checkbox"/> Horseshoe Crab Researcher
<input type="checkbox"/> Shorebird Surveyor	<input type="checkbox"/> Other: _____
Capture Method (<i>Please check one</i>):	
<input type="checkbox"/> Hand (<i>Found on Beach</i>)	<input type="checkbox"/> Hook & Line
<input type="checkbox"/> Dredge	<input type="checkbox"/> Gillnet
<input type="checkbox"/> Other: _____	
Capture Location:	
Body of Water: _____	Nearest City: _____
Beach Name or Capture Location: _____	State: _____
Capture Coordinates (<i>optional</i>): Lat: _____ Long: _____	
Reporter Information (<i>Complete this section to receive a reward package</i>):	
Name: _____	
Street Address 1: _____	
Street Address 2: _____	
City: _____	State: _____ Zip Code: _____
Telephone: Home: (____) _____	Work: (____) _____
Email Address: _____	
Comments:	

Privacy Act and Paperwork Reduction Act Notices

In accordance with the Privacy Act (5 U.S.C. 552a) and the Paperwork Reduction Act (44 U.S.C. 3501), please note the following information:

1. We conduct this tagging program under the authority of the Fish and Wildlife Act of 1956 (16 U.S.C.742f), the Wildlife Coordination Act (16 U.S.C. 661-666c), and the Anadromous Fish Conservation Act (16 U.S.C. 757a – 757g).
2. Your response is voluntary. We will remove all names and identifying information when we compile the results and only summary information will be reported. The horseshoe crab tagging program provides vital information to fishery managers about the migration patterns, distribution, and abundance of horseshoe crabs along the Atlantic coast. The information is maintained in accordance with the Privacy Act.
3. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This information collection has been approved by OMB and assigned clearance number 1018-0127.
4. We estimate that it will take you 10 minutes to complete this report. This burden estimate includes time for reviewing instructions, gathering data, and completing and reviewing the form.
5. Comments regarding the burden estimate or any other aspect of the form may be directed to the Service Information Clearance Officer, Fish and Wildlife Service, MS 222-ARLSQ, 4401 N. Fairfax Drive, Arlington, VA 22203.