

# Tagged Fish and Crab Form

Cruise No.	Vessel / Plant Permit	Haul / Offload No.	Gear Type

Observer Name: \_\_\_\_\_

Vessel / Plant Name: \_\_\_\_\_

Reward Recipient's Name: \_\_\_\_\_  
(Vessel or Plant Personnel)

Reward Shipment Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Species: _____	Tag Prefix and Serial No.: _____ (e.g. PCA 00392)
I authorize NMFS to provide this form and the tag to the tagging Country/Agency	
_____	_____
(Captain/Owner Signature)	(Captain/Owner Printed Name)

Date of Capture: _____	Time of Capture: _____	Depth (F): _____
Capture Location: Latitude (N): _____ Longitude: _____ E / W		
NMFS or ADF&G Area: _____ (if Latitude / Longitude is unknown)		
Source of Capture Information: _____ (e.g. vessel log, navigation equipment, crew member, plant personnel, etc.)		

Sex: _____	Gonad Maturity (immature, mature, spawning) _____
Length (cm): _____	Weight (kg): _____
General Appearance (poor body condition, good body condition): _____	
Condition of Tagging Wound (healthy healed tissue, open wound): _____	
Other Comments: _____ _____	

Tape tag and otolith vial here: