



TRIP INFORMATION

Complete this section for every trip. Continue on additional pages for trips with more than six anglers in the same trip.

DATE FISHED: _____ / _____ / 2010 _____ AM _____ PM
Month Day Hour Started

2010 GUIDE LICENSE #: _____
(assigned to you by ADF&G)

COMMUNITY OR PORT WHERE TRIP BEGAN: _____
(where clients boarded the vessel)

COMMUNITY OR PORT WHERE TRIP ENDED: _____
(where fish or clients were off-loaded from vessel)

Targeted Species	Primary Stat. Area Where most fish were caught	Boat Hours Fished
Salmon: _____	_____	_____
Bottomfish: _____	_____	_____

INDIVIDUAL ANGLER AND CATCH INFORMATION

Complete one row below for each angler who fished this trip.

Record sport fishing license number, printed name AND Alaska residency status for all anglers.

Write "YOUTH" in license number field for anglers under 16.

AK Resident Non - Resident Comped Crew	Kept / Released King (28" & larger) King (under 28") Coho Sockeye Other Salmon Halibut Lingcod Pelagic Rockfish Yelloweye Rockfish Nonpelagic Rockfish Sablefish (Black Cod) Salmon Shark All Other Fish	SALMON					BOTTOMFISH																
		Kept	Released	King	Coho	Sockeye	Halibut	Lingcod	Pelagic Rockfish	Yelloweye Rockfish	Nonpelagic Rockfish	Sablefish	Salmon Shark	All Other Fish									
1. _____ License Number	<input type="radio"/> <input type="radio"/> <input type="radio"/>	K▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
_____ First / Last Name		R▶	<input type="text"/>	<input type="text"/>																			
_____ Signature																							
2. _____ License Number	<input type="radio"/> <input type="radio"/> <input type="radio"/>	K▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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_____ Signature																							
3. _____ License Number	<input type="radio"/> <input type="radio"/> <input type="radio"/>	K▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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4. _____ License Number	<input type="radio"/> <input type="radio"/> <input type="radio"/>	K▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
_____ First / Last Name		R▶	<input type="text"/>	<input type="text"/>																			
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5. _____ License Number	<input type="radio"/> <input type="radio"/> <input type="radio"/>	K▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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6. _____ License Number	<input type="radio"/> <input type="radio"/> <input type="radio"/>	K▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
_____ First / Last Name		R▶	<input type="text"/>	<input type="text"/>																			
_____ Signature																							

Certification: I certify that the information provided herein is accurate and true. Falsification or omission of information on this form is punishable under AS 11.56.210(a) and 5 AAC 75.076

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GUIDE SIGNATURE

PAGE _____ OF _____