

# GOLDEN CRAB TRIP LOGBOOK

OMB Control No. 0648-0016  
Expiration Date: 7/31/2013

Version Date 07/12

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |  |  |  |  |                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|--|--|--|-----------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|------------------------------------------------------------|
| Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Phone No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Schedule No. <b>NMFS Use Only</b> |  |  |  |  |                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |
| Vessel No. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |  |  |  |  |                 |  |  |  | Trip Start Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table><br>Month Day <---Y e a r--> |  |  |  |  |  |  |  |  |  |  | Dealer / Company Name:<br>1) _____<br>2) _____<br>3) _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |  |  |  |  |                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |  |  |  |  |                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |
| Vessel Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Trip End Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table><br>Month Day <---Y e a r--> |                                   |  |  |  |  |                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |  |  |  |  |                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |
| <b>NO TRIP Were Made During</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 20px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 5px; height: 15px;"></td></tr></table> Month <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 40px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table> Year                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |  |  |  |  | County Unloaded |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |  |  |  |  |                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |  |  |  |  |                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |
| Date Received<br><b>NMFS Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State Unloaded                    |  |  |  |  |                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Type & Size of Trap Used          |  |  |  |  |                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |                                                            |

## GOLDEN CRAB

| String # | Type Trap | Mainline C/R | # Traps | Date MM/DD | Area | Depth | Soak Time | Catch Weight estimated lbs |
|----------|-----------|--------------|---------|------------|------|-------|-----------|----------------------------|
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |
|          |           |              |         |            |      |       |           |                            |

## INCIDENTAL CATCH

| String | Species | Estimated lbs kept | Estimated lbs Discarded |
|--------|---------|--------------------|-------------------------|
|        |         |                    |                         |
|        |         |                    |                         |
|        |         |                    |                         |
|        |         |                    |                         |
|        |         |                    |                         |
|        |         |                    |                         |
|        |         |                    |                         |
|        |         |                    |                         |
|        |         |                    |                         |
|        |         |                    |                         |

➡ **MAIL THIS COPY TO NMFS LOGBOOK PROGRAM, MIAMI FL** ⬅