

SABLEFISH TAGGED FISH FORM

Trip No: _____ Vessel ID No: _____ Observer Name: _____

Vessel Name: _____

Base Permit No: _____

Captain (or reward recipient's name): _____

Address: _____

Species: _____

Tag Prefix (often a two letter code and Serial No): _____

Tagging Agency (circle one): Seattle Auke Bay Nanaimo Shimizu IPHC Other _____

Time and Date of Capture: _____

Capture Location (Lat and Long): _____

Sex and Maturity of Gonads (immature, mature, spawning): _____

Length (fork length in cm): _____

Weight (total wt. In lbs): _____

Capture Depth (fathoms): _____

Vessel/Gear Type: _____

General Appearance (poor body condition, good body condition):

Condition of Tagging Wound (healthy healed tissue, open wound):

Other Comments:

Attach Tag or vial here (with tape):