



Bottom Trawl Discard Logbook

OMB No. 0648-XXXX
Expiration DATE

Vessel Name _____

Departure: Date _____ Time _____

Port _____

Return: Date _____

Time _____

Port _____

WOC Logbook Page # _____

DATE (mo/day)	SET TIME	CODEND CAPACITY (pounds)	DISCARDED—Estimated pounds discarded each tow, enter the 4 letter code from the species list provided								RETAINED — Priority Species					
			PHLB								BOTH REQUIRE D	CNR Y	CWC D	BCA C	YEY E	
			Pounds (Required)									Pounds				
			Count									Count				
			Pounds (Required)									Pounds				
			Count									Count				
			Pounds (Required)									Pounds				
			Count									Count				
			Pounds (Required)									Pounds				
			Count									Count				
			Pounds (Required)									Pounds				
			Count									Count				

			Pounds (Required)																
			Count																
			Pounds (Required)																
			Count																

I certify that the information provided on this form is true, complete, and correct to the best of my knowledge, and made in good faith. Making a false statement on this form is punishable by law 18 U.S.C. 1001.

Operator Name	Operator Signature	Date Signed
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OMB No. 0648-XXXX; Expires DATE.

WARNING STATEMENT: A false statement on this form is punishable by permit sanctions (revocation, suspension, or modification) under 15 CFR Part 904, a civil penalty up to \$100,000 under 16 USC 1858, and/or criminal penalties including, but not limited to, fines or imprisonment or both under 18 USC 1001.

PRIVACY ACT STATEMENT: Some of the information collection described above is confidential under section 402(b) of the Magnuson-Stevens Act and under NOAA Administrative Order 216-100, Protection of Confidential Fisheries Statistics. Business phone number, fax number, and email, and the names of individuals listed as contacts are not released to the public. The information collected is part of a Privacy Act System of Records, COMMERCE/NOAA #6, Fishermen's Statistical Data.

PRA STATEMENT: Public reporting burden for this collection of information is estimated to average 10 min per response, including the time for reviewing the instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to NOAA/National Marine Fisheries Service, West Coast Region, Attn: Program Manager, Sustainable Fisheries Division, 7600 Sand Point Way NE, Seattle, WA 98115. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.