

CATCHER/PROCESSOR DCPL LONGLINE AND POT GEAR	VESSEL NAME	FEDERAL CRAB VESSEL PERMIT NO.	DATE (M-D-Y)	PAGE
	OPERATOR NAME AND SIGNATURE		ADF&G PROCESSOR CODE	
			FEDERAL FISHERIES PERMIT NO.	

IDENTIFICATION	INACTIVE	START	END	REASON	FEDERAL REPORTING AREA		
	IFQ		CDQ		OBSERVER INFORMATION		
	Operator IFQ Permit #		IFQ Permit #		NO. OF OBSERVERS ONBOARD		
	IFQ Permit #		IFQ Permit #		OBSERVER NAME & CRUISE #		
	IFQ Permit #		IFQ Permit #		OBSERVER NAME & CRUISE #		
MANAGEMENT PROGRAM (Check if applicable and enter number) <input type="checkbox"/> CDQ <input type="checkbox"/> Exempted <input type="checkbox"/> Research <input type="checkbox"/> AIP No. _____							

CREW SIZE

GEAR TYPE (check one)

Pot is longline pot? YES NO Jig Troll Handline Hook & Line Other

If hook & line or longline pot, complete applicable boxes below.

GEAR ID	HOOK & LINE OR LONGLINE POT							
	FIXED HOOK		AUTO LINE	SNAP	Length of skate (hook&line) or set (pot) (ft)	Size, hook or pot	Spacing, hook or pot	No. hooks per Skate
	CONV	TUB						
A								
B								
C								
D								

Complete these boxes once per delivery

CATCH BY SET	LOCATION OF SET							NUMBER OF SKATES OR POTS		IR/IO SPECIES		TARGET SPECIES	CDQ/IFQ HALIBUT	IFQ SABL	CR CRAB	HAIL WEIGHT	BIRD AVOID GEAR	Mammals (No.) sighted while hauling	Number damaged	
	SET #	DATE & TIME SET	DATE & TIME HAULED	Buoy or Bag #	BEGIN POSITION LATITUDE LONGITUDE	Buoy or Bag #	END POSITION LATITUDE LONGITUDE	BEGIN & END DEPTH (Fath.)	GEAR ID	Set	Lost	Round Catch Weight	Species Code	WT(circle lb or mt)	(Pounds)	(Pounds)	(lbs. or mt.)		Sperm _____ Orca _____ Other _____	Sablefish _____ Halibut _____ Other fish _____ Hooks _____
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COMMENTS: