

Tagged Fish and Crab Form

Cruise No.	Vessel / Plant Permit	Haul / Offload No.	Gear Type

Observer Name: _____

Vessel / Plant Name: _____

Reward Recipient's Name: _____
(Vessel or Plant Personnel)

Reward Shipment Address: _____

Species: _____ Tag Prefix and Serial No.: _____ (e.g. PCA 00392)
I authorize NMFS to provide this form and the tag to the tagging Country/Agency
_____ (Captain/Owner Signature)
_____ (Captain/Owner Printed Name)

Date of Capture: _____ Time of Capture: _____ Depth (F): _____
Capture Location: Latitude (N): _____ Longitude: _____ E / W
NMFS or ADF&G Area: _____ (if Latitude / Longitude is unknown)
Source of Capture Information: _____ (e.g. vessel log, navigation equipment, crew member, plant personnel, etc.)

Sex: _____ Gonad Maturity (immature, mature, spawning) _____
Length (cm): _____ Weight (kg): _____
General Appearance (poor body condition, good body condition): _____
Condition of Tagging Wound (healthy healed tissue, open wound): _____
Other Comments: _____ _____

Tape tag and otolith vial here:
