REPORTING FORM FOR THE TRIP INTERVIEW PROGRAM (TIP)																
Next Row is for Data Entry Personnel Use Only																
PC Data Entry by:		Da	te:		Batc	atch			Interview #:							
		SECTION I														
Interview Number																
Fishery Codes	CP	RF		OP	IN		ML	BF		EG	MX	ıx s		SL		
Trip Type		030	100	200	300	400		600	675	676	735	900)			
Agent Code or Name					OR											
Date of Interview																
		Month			Day Year											
Reporting Area of Land	dings				Donostino C		D									
Sampling Site		Reporting State						Reporting C	ounty	inty			ng Are	a Zipcode		
Sampling Site		St	ate	(County	7	Zipcode			Samplin	g Location Code (Dealer or			or MRFSS)		
Start / End Date of Trip	p															
		Start Month		Start Day		Start Year		End Month		End Day			End Year			
Information Source		SR		LB	LB CI		SS		SI		(OD		so		
		Sales Records		Logs		Site Sampling		ling	Recs and Int		Observer Data			Recs and Observ		
Fishing Mode		CM Commercial		CP CP		НВ		PR P. A. P.		TR Torunament			SS Scientific Survey			
Time of Data Collection -24hr		Begin		Charter/Party		End	Head Boat		Private Rec		Torunament			Scienti	nc survey	
		Hour		•	Minutes			Hour	Minutes							
Bias Type		NB			SB		ЕВ		SE		1					
		No	Bias	Si	ize Bias Effort			rt Bias Size & Effort			No Information					
Interview Type		FS			DS			TS						AT		
		Fisherman Sample			Dealer Samp					Trip Survey			Aı	ngler Trip		
Landings Type		CL			IL					NL				NF		
~ ~		Compl	ete Landings ((weight)	Ir	ncomplete La	andings	s	No Landings (The number of crew including the captain)					No Fish Caught		
Crew Size													U OD CO			
Total Effort		Days Out		Days Fished		UK NR WR		EQ	NF Terminatio	SA WI OB				QR		
Vessel Information		Days Out Day			1921.040											
V 60001 2111 02 1111 02 1		Vessel ID			Vessel Lengt			h (feet)			Ve	Vessel Name				
					SECT	ION II										
						ion										
Code	Number	Quantity			Oth	er Soak Time		e (Hours) A		rea Fished		Depth Range (Fathoms)				
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						SEC	TION III									
No	ote	Spec Code	Size Code	Gear Code	Ar Fish	ea	Landi Weig		Weight Type	Value	Pric	ce	Numb of Tri		Replicate Number	
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						SEC	TION IV								•	
Rep #	Note	Species Code		FISH IN	SAMPL	FI	FISH IN SUB-SAMP			MPLE						
π			#	Туре	Status	V	Veight	Numbe	r Typ	e Weiş	Weight		nber	Type	Rec 41	
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SECTION V													
Rep #	Sam #	Species Code	Line #	Num	Lower Length	Upper Length (If range)	Leng Type	Weight	Wt Type	Sex	Age Struc	Age Status	Tag#
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Public reporting burden for this collection of information is estimated to average 10 minutes per response including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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. Send your comments regarding this burden estimate or any other aspects of this burden to Anik Clemens, NOAA Fisheries Service, 263 13 Avenue South, St. Petersburg, Florida 33701.