Tagged Fish and Crab Form

Cruise No.	Vessel / Plant Code	Haul / Delivery No.	Gear Type

Observer Name: _____

Vessel / Plant Name: _____ NMFS Permit No._____

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: