

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.: _____ <small>(e.g. PCA 00392)</small>
I authorize NMFS to provide this form and the tag to the tagging Country/Agency	
_____	_____
<small>(Captain/Owner Signature)</small>	<small>(Captain/Owner Printed Name)</small>

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

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:
