G	OMB 00648-0016 Exp XX/XX/20XX Version Date 07/18	
Signature:	Phone No.	Schedule No. NMFS Use Only
Vessel No.	Trip Start Date Month Day <year></year>	Dealer / Company Name:
Vessel Name:	Trip End Date Month Day <y a="" e="" r=""></y>	2) 3)
NO TRIP Were Made During	Month Year	County Unloaded
Date Received NMFS Use Only		State Unloaded
		Type & Size of Trap Used

GOLDEN CRAB

String #	Туре Тгар	Mainline C/R	# Traps	Date MM/DD	Area	Depth	Soak Time	Catch Weight estimated lbs

INCIDENTAL CATCH

String	Species	Estimated lbs kept	Estimated lbs Discarded

