OMB #: 0648-XXXX Expiration Date: XX/XX/20XX

## NOAA Sea Turtle Sighting Data Submission Form

*	Required
1.	Sighting Date *
	If unknown, please estimate.
	Example: January 7, 2019
2.	Sighting Time
	Example: 8:30 AM
3.	Location (area, city, state) * Example: Doheny State Beach, Dana Point, California
4.	Latitude *
	Please enter coordinate in decimal degrees format (example: 32.991208). If you do not know the coordinates, please open google maps ( <a href="https://www.google.com/maps">https://www.google.com/maps</a> ), click on the approximate location that you sighted the sea turtle, and record the that latitude coordinate that appears.
5.	Longitude *
	Please enter coordinate in decimal degrees format (example: -117.275169). If you do not know the coordinates, please open google maps ( <a href="https://www.google.com/maps">https://www.google.com/maps</a> ), click on the approximate location that you sighted the sea turtle, and record the that longitude coordinate that appears.

6.	Behavior
	Check all that apply.
	Swimming Foraging (i.e., eating) Resting Other:
7.	Size Please estimate the widest part of the carapace (i.e., shell) width. Example: approximately 3 feet wide
8.	Species
	Based on the photos below, please select the sea turtle species. If you could not see well enough, please select "I don't know."
	Mark only one oval.
	Green
	Loggerhead
	Leatherback
	Olive ridley
	Hawksbill
	I don't know

9.	Please indicate any unique physical features:
	Skip question if none observed.
	Check all that apply.
	Algae on carapace
	Barnacles on carapace
	Tumors
	Missing flippers
	Flipper tags
	Other:
10.	Images
	Please upload any images taken (this form can accept a total of 1 GB)
	Files submitted:
11.	Is there anything else you would like us know?

## **Public Burden Statement**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-XXXX. Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to Lynn Massey, Fishery Management Specialist, at lynn.massey@noaa.gov.