

GOLDEN CRAB TRIP LOGBOOK

OMB 00648-0016 Exp 11/30/2022
Version Date 07/21

Signature: _____	Phone No. _____	Schedule No. NMFS Use Only																		
Vessel No. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>									Trip Start Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> Month Day <---Y e a r-->											Dealer / Company Name: 1) _____ 2) _____ 3) _____
Vessel Name: _____	Trip End Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> Month Day <---Y e a r-->																			
NO TRIP Were Made During <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 20px; height: 20px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table> Month <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 50px; height: 20px;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> Year									County Unloaded											
Date Received NMFS Use Only		State Unloaded																		
		Type & Size of Trap Used																		

GOLDEN CRAB

String #	Type Trap	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

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