



## Horseshoe Crab Resighting Form

The Maryland Fishery Resources Office has been coordinating a coast-wide tagging program for horseshoe crabs since 1999. Crabs have been tagged by researchers and biomedical companies conducting numerous studies on horseshoe crabs along the Atlantic Coast. Although all tags have a toll-free phone number for reporting the information, we are also providing an online reporting method for your convenience.

**Please complete the following form.** When finished, select the submit button at the bottom of the page. If you have any questions or comments or would like to report this information over the phone, please call 1-888-546-8587.

### Circular white tag (attached to left corner of shell by a plastic pin):

1. Tag number:

2. Tag Removed or Found Detached?    Yes    No

3. What is the condition of the horseshoe crab?    Alive    Dead    Unknown (tag only found)

### 4. Date of Capture/Found?

mm/dd/yyyy

### 5. Disposition of horseshoe crab?

Released Alive

Found Dead

Kept for Bait

Sold or Bought

Tag Found Only

### 6. Finder:

Beach Comber (walking the Beach)

Biomedical Company

Shorebird Surveyor

Commercial Fisherman

Horseshoe Crab Spawning Surveyor

### 7. How did you find or capture the crab?

Hand/Found on Beach

Dredge

Hook & Line/Rod & Reel

Trawl

Gillnet

Pound/Trap/Fyke Net

### 8. In what state did you find or capture the horseshoe crab?

**9. What was the name of the body of water where you captured/found the horseshoe crab?** “(i.e. Atlantic Ocean, Delaware Bay, Long Island Sound, etc.)

**10. What was the nearest town or city to the capture/found location?**

**11. What was the specific location or beach name where crab was seen?**

Latitude (optional):

Longitude (optional):

With this program, we can send you information about where and when the crab was originally tagged and released. Please indicate how you would like to receive information about the crab that you found:

Postal Mail Certificate (will receive pewter horseshoe crab pin for first crab tag reported from the mailing address you provide below)

Email Certificate (will arrive as an attachment, provide email address below)

Email Message (information in the body of the email, but no certificate attached, provide email address below)

I do not wish to receive any information

Mailing Address:

Mailing Address2:

City:

State:      Country:

Zip Code:

Email Address:

Comments: (optional 250 character limit)

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## NOTICES

### PRIVACY ACT STATEMENT

Authority: The information requested is authorized by the Fish and Wildlife Act (P.L. 105-242), the Anadromous Fish Conservation Act (P.L. 96-118) and the Sustainable Fisheries Act of 1996 (P.L. 104-297).

Purposes: The contact information requested is to assist in the description and location of the individual's tagging of horseshoe crab. The capture location and tag information will help to provide data on distribution, movement, longevity and mortality of horseshoe crabs and will help track their management strategy.

Routine Uses: The contact information requested may be used by Fishery Managers and FWS biologists to

determine location of capture. More information about the routine uses may be found in the Systems of Records Notice, FWS-21 Permits System.

Disclosure: The contact information requested is voluntary.

#### PAPERWORK REDUCTION ACT STATEMENT

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to collect vital information used by fishery managers about the migration patterns, distribution, and abundance of horseshoe crabs along the Atlantic coast and to respond to requests made under the Freedom of Information Act and the Privacy Act of 1974. Your response is voluntary. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. OMB has approved this collection of information and assigned Control No. 1018-0127.

#### ESTIMATED BURDEN STATEMENT

Public reporting for this collection of information varies with the convenient availability of the requested information. The relevant burden to complete FWS Form 3-2310, "Horseshoe Crab Recapture Report" averages 10 minutes. This burden estimate includes time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the form to the Service Information Clearance Officer, Fish and Wildlife Service, U.S. Department of the Interior, 5275 Leesburg Pike, MS: BPHC, Falls Church, VA 22041-3803. Please do not send your completed form to this address.