

New Jersey Harvester Trip Report

Fishing year _____

Fisherman name _____

Gear ID _____

Vessel ID _____ OR I fished from shore

Vessel name _____

Did Not Fish (select all that apply)

- Jan Feb Mar Apr
 May Jun Jul Aug
 Sep Oct Nov Dec
 I am done fishing for the year

Chart area _____

Gear type _____

Gear quantity _____

Gear size _____

Mesh size _____

Trip date	# crew	# hauls	Soak time	Species	Kept lbs	Discards	Disposition	Buyer	County

I certify that the information provided on this form is true, complete and correct to the best of my knowledge, and made in good faith. I understand that if any of the information reported here is willfully false, I am subject to punishment.

Signature _____

Date _____

Submit completed forms by the 10th of the month following the month of reporting. Submit forms by fax to (609) 748-2032, or by mail to NJ Marine Fisheries Administration, PO Box 418, Port Republic, NJ 08241. Please be sure to keep a copy for your own records. Questions or comments, please call (609) 748-4334 or (609) 748-4344.