

CATCHER/PROCESSOR DCPL LONGLINE AND POT GEAR	VESSEL NAME	FEDERAL CRAB VESSEL PERMIT NO.	DATE (M-D-Y)	PAGE
	OPERATOR NAME AND SIGNATURE		ADF&G PROCESSOR CODE	
	FEDERAL FISHERIES PERMIT NO.			

IDENTIFICATION	INACTIVE	START	END	REASON	FEDERAL REPORTING AREA	CREW SIZE	GEAR TYPE (check one)					
							<input type="checkbox"/> Pot is longline pot? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Jig <input type="checkbox"/> Troll <input type="checkbox"/> Handline <input type="checkbox"/> Hook & Line <input type="checkbox"/> Other If hook & line or longline pot, complete applicable boxes below.					
	IFQ			CDQ			OBSERVER INFORMATION					
	Operator IFQ Permit #		IFQ Permit #		CDQ Group #		NO. OF OBSERVERS ONBOARD					
	IFQ Permit #		IFQ Permit #		Halibut CDQ Permit #		OBSERVER NAME & CRUISE #					
IFQ Permit #		IFQ Permit #				OBSERVER NAME & CRUISE #						
MANAGEMENT PROGRAM (Check if applicable and enter number) <input type="checkbox"/> CDQ <input type="checkbox"/> Exempted <input type="checkbox"/> Research <input type="checkbox"/> AIP No. _____						If same as previous page check	HOOK & LINE OR LONGLINE POT					
GEAR ID		FIXED HOOK		AUTOLINE	SNAP		Length of skate (hook&line) or set (pot) (ft)	Size, hook or pot	Spacing, hook or pot	No. hooks per Skate		
A												
B												
C												
D												

CATCH BY SET	LOCATION OF SET							NUMBER OF SKATES OR POTS		IR/IO SPECIES		TARGET SPECIES	CDQ/IFQ HALIBUT	IFQ SABL	CR CRAB	HAIL WEIGHT	BIRD AVOID GEAR	Mammals (No.) sighted while hauling	Number damaged	
	SET #	DATE & TIME SET	DATE & TIME HAULED	Buoy or Bag #	BEGIN POSITION LATITUDE LONGITUDE	Buoy or Bag #	END POSITION LATITUDE LONGITUDE	BEGIN & END DEPTH (Fath.)	GEAR ID	Set	Lost	Round Catch Weight	Species Code	WT(circle lb or mt)	(Pounds)	(Pounds)	(lbs. or mt.)		Sperm _____ Orca _____ Other _____	Sablefish _____ Halibut _____ Other fish _____ Hooks _____
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COMMENTS: