

New Jersey Harvester Trip Report

DID NOT FISH	
Start Date	End Date
<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>

1. Fisherman name	2. Gear ID number	3. State license number

4. Vessel name	5. Vessel ID	6. Trip type	7. Number of crew
		<input type="checkbox"/> Commercial <input type="checkbox"/> RSA/EFP	

8. Date sailed	9. Time sailed	10. Date landed	11. Time landed
____/____/____		____/____/____	

COMPLETE A NEW FORM FOR EACH DIFFERENT CHART AREA, GEAR TYPE OR MESH/RING SIZE USED ON A TRIP

12. Gear code	13. Mesh/ring size	14. Gear quantity	15. Gear size	16. Fishing depth	17. Number of hauls

18. Chart area	19. Latitude		20. Longitude		21. Tow/soak time	
	_____	_____	_____	_____	_____	_____
	Degrees	Minutes	Degrees	Minutes	Hours	Minutes

[illegible]

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.

29. Signature	30. Date signed

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. Be sure to keep a copy for your own records.