

New Jersey Department of Environmental Protection  
 Division of Fish and Wildlife  
 P.O. Box 418  
 Port Republic, NJ 08241

**VOLUNTARY RECREATIONAL CRAB POT REPORT**

NAME \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE # \_\_\_\_\_

DATE	WATER BODY/ LOCATION FISHED	COUNTY FISHED	# of Pots (1 or 2)	SOAK TIME *	# of Crabs CAUGHT	# of Crabs KEPT	COMMENTS/MISC INFORMATION <small>(sex ratio, peeler or hard crabs, presence of sponge crabs, etc.)</small>

Please fill this form out completely. Fill out an entry for each trip (each time pots are checked) even if no crabs were kept or caught. \* Soak Time denotes the length of time, in hours, the pots were in the water fishing (ex. 2 days in water – 48 hours). Please feel free to make additional copies if needed, or download copies of this form at [www.njfishandwildlife.com/pdf/crabrptform.pdf](http://www.njfishandwildlife.com/pdf/crabrptform.pdf). Please send in your report once you are finished crabbing for the year. Reports are to be sent to: **NJ DIVISION OF FISH & WILDLIFE, VOLUNTEER CRAB REPORT, P.O. BOX 418, PORT REPUBLIC, NJ 08241**. Thank you for your participation – your information is valuable and will be used to help assess the recreational blue crab fishery in New Jersey.