**Angler Affidavit**

I, the undersigned, attest that the fish described in this application was hooked and landed by me without assistance and that it was caught in New Jersey waters, and that all aspects of the catch conform to NJ State Law and the rules and regulations pertaining to freshwater fishing.

Angler’s Name: ____________________________ (Please print)

Address: _________________________________________

_________________________________________________

Phone: ___________________________________________

Angler’s Signature: _______________________________

Sworn before me this _____ day of ____________ 20_____

Notary Public of New Jersey

My commission expires: _____________________

Submit application to NJ Record Fish Program, Division of Fish and Wildlife, 605 Pequest Rd., Oxford, NJ 07863.

Please note that 31 species of freshwater fish are currently eligible for entry in the Record Fish Program. Anglers are reminded that the objective of the Record Fish Program is to increase the awareness of fishing opportunities for species that are regularly sought after and routinely found in the freshwaters or off the coast of New Jersey.

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**State of New Jersey**

**Department of Environmental Protection**

**Division of Fish and Wildlife**

**Application for New Jersey State Record Fish**

**FRESHWATER SPECIES**

Rules:
1. Fish must be caught in New Jersey waters and conform to NJ State Law and the regulations pertaining to freshwater fishing.
2. Fish must have been caught on sporting tackle, hooked and landed by entrant.
3. New Jersey state records are determined by weight alone. There are no line classes.
4. Fish must be weighed on a certified scale as soon as possible. A copy of the current scale Registration Certificate and valid Inspection/Test Report issued by the County Office of Weights and Measures is required to achieve record fish status.
5. A clear, side-view color photograph of the fish must be submitted. All photo entries become property of the Division of Fish and Wildlife and will not be returned.
6. Entry **MUST** be inspected by a Division biologist for species identification and weight verification. Call the Division’s Lebanon Fisheries Office at 908-236-2118 (Hunterdon County), the Hackettstown Hatchery at 908-852-4950 (Warren County) or the Southern Region Office at 856-629-4950 (Camden County) to make arrangements. Hours are Monday-Friday, 8:30 a.m. - 4:30 p.m. These offices have a certified scale on their premises. Entry can be both weighed and identified at one of these locations. Fish should be kept refrigerated prior to inspection.
7. Application **MUST** be submitted within one month of catch.
**Application Must Be Filled Out Completely.**

The following is submitted for consideration as a New Jersey State Record Fish:

<table>
<thead>
<tr>
<th>Species:</th>
<th>______________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight:</td>
<td>____________________Lbs. __________________Oz.</td>
</tr>
<tr>
<td>Length:</td>
<td>_________________________________In.</td>
</tr>
<tr>
<td></td>
<td>(Tip of jaw with mouth closed to tip of tail)</td>
</tr>
<tr>
<td>Girth:</td>
<td>______________________ In. (Thickest portion around fish)</td>
</tr>
<tr>
<td>Date caught:</td>
<td>___________________________________________</td>
</tr>
<tr>
<td>Place caught:</td>
<td>___________________________________________</td>
</tr>
<tr>
<td>Method of catch (trolling, casting, etc.)</td>
<td>_________________</td>
</tr>
<tr>
<td>Caught from: Boat</td>
<td>Shore</td>
</tr>
<tr>
<td>Type of rod:</td>
<td>___________________________________________</td>
</tr>
<tr>
<td>Type of reel:</td>
<td>___________________________________________</td>
</tr>
<tr>
<td>Line test:</td>
<td>_____ Type of line: _____ Lure/bait used: _____</td>
</tr>
</tbody>
</table>

**Certification**

Important: This section must be filled out completely. A copy of the current scale Registration Certificate and valid Inspection/Test Report issued by the County Office of Weights and Measures must accompany this application.

I hereby certify that on ______________________________ (Date)

I weighed a ______________________________________ that (Species)

Was brought in by ___________________________________.

I found the weight to be ____________________ Lbs. ________ Oz.

I further certify that the scale on which this fish was weighed was tested and its accuracy certified within the 12 months prior to this weigh-in by the Superintendent of Weights and Measures of __________________________________________ County.

Scale certification number _____________________________

Date of last certification ______________________________

Signed ____________________________________________ (Person weighing the fish)

Witnessed by: ____________________________________________ (Store manager/employee)

Store/business name: ________________________________

Address: ____________________________________________

Telephone Number: _____________________________________

**Species and Weight Verification** (To be completed by biologist)

<table>
<thead>
<tr>
<th>Species:</th>
<th>Weight:</th>
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Approved by: ____________________________________________

Title: ______________________ Date: ______________________

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