



This form must be completed and submitted within 30 days of the catch.

Mail to: Fisheries Branch, 830 S Street, Sacramento, CA 95811

Please print all information

Angler Information

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail (optional) _____

Date and Location

Name of Water _____ County _____ Date of catch ____/____/____
M D Yr

Catch Information

Fish Species _____ Photo Attached? Yes No

Fish Weight _____ lbs. _____ oz.
(Rounded down to nearest ounce)

Total Length _____ (in)
(Tip of head to end of longest lobe of tail)

Girth _____ (in)
(Measured around widest part of body)

Witnesses to Weighing

#1 Name _____

Address _____ City _____ State _____ Zip _____

#2 Name _____

Address _____ City _____ State _____ Zip _____

Method of Catch

Boat Shore Wading

Gear Used

Lure Bait Fly

Signature _____ Date _____

I certify that the information given above is true, accurate and that I have fulfilled all the requirements in accordance with the CA Inland Water Angling record rules, and all applicable laws and freshwater sporting regulations.

CDFW Staff Approval

Name _____ Title _____

Office _____ Telephone _____

Action taken Approved Denied

Signature _____ Date _____