



This form must be completed and submitted within 30 days of the catch.
Mail to: FB - Inland Fisheries, P.O. Box 944209, Sacramento, CA 94244-2090

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. Total Length _____ (in) Girth _____ (in)
(Rounded down to nearest ounce) (Tip of head to end of longest lobe of tail) (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 _____