NOTE: To qualify for an official State Record, the fish/shellfish must be weighed on a certified scale in the presence of two witnesses and the species verified by an Environmental Scientist of the California Department of Fish and Wildlife.

This form must be completed and submitted to CDFW within one year of the date of catch.

Mail to: Saltwater Records Coordinator, 3030 Old Ranch Parkway, Suite 400, Seal Beach, CA 90740

| First Name | | M.I. | Last | Last Name | | | |
|---|--------------------------|------------------|-----------------|-------------------|-----------|------------------|--------|
| Mailing Address | | | · | | | | |
| City | State | Zip | | Daytime Phone | 9 | | |
| E-Mail | 1 | | | I | | | |
| I hereby certify that I caught the fish/shell in (county) | fish I am presentir | ng for identific | ation on | (date caught) | t(lo | cation of catch) | |
| Fish/lobster weighed lbsin Abalone/clam/scallop length is in | | | ength of the fi | ish/lobster is | ft | in., (or | _ cm.) |
| AND was weighed and/or measured witness #1 | in the presence | of other witn | esses, whos | se names and ac | ddresses | are: | |
| Name, address, phone, and email add | ress | | | | | | |
| Witness #2 | | | | | | | |
| Name, address, phone, and email add | ress | | | | | | |
| Type of fishing gear used to take spe | cimen: | | | | | | |
| The method of diving was: Remarks: | Free | Scuba | | | | | |
| Enclosed Supporting Documentation: | phot | tograph | certifie | ed weight slip | | | |
| I hereby certify that I have examined species to be | a fish/shellfish p | resented to | me by the a | bove listed perso | on and de | etermined the | |
| (common nam | (| (genus) | | | (species) | | |
| The condition of the fish/shellfish at the time of my examination was: fresh frozen preserved Date of Examination: | | | | | | | |
| Remarks: | | | | | | | |
| | | | | | | | |
| Certifying Fish and Wildlife Employ Name | yee: Bignature | | Title | · | Pho | one | |