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** _____ **CID #**_____

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

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/marine/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, VOLUNTARY 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.