

MOTHERSHIP DCPL		VESSEL NAME				Date (M - D - Y)	PAGE
		OPERATOR NAME AND SIGNATURE				ADF&G Vessel No.	
						Federal Fisheries Permit No.	
IDENTIFI- CATION	INACTIVE	START	END	REASON	CREW SIZE	OBSERVER INFORMATION	
						NO. OF OBSERVERS ONBOARD	
	GEAR TYPE (circle one)				FEDERAL REPORTING AREA	TRAWL GEAR ONLY (Circle one)	
	Hook & Line Pot Non-pelagic trawl Pelagic trawl Jig Troll Other				COBLZ	RKCSA	
					OBSERVER NAME AND CRUISE #		MANAGEMENT PROGRAM <small>(Check if applicable and enter number)</small> CDQ <input type="checkbox"/> Exempted <input type="checkbox"/> Research <input type="checkbox"/> AIP <input type="checkbox"/> No. _____
					OBSERVER NAME AND CRUISE #		

DELIVERY INFORMATION	CV or BS	RECEIVE DISCARD REPORT	NAME	ADF&G NO.	RECEIPT TIME	RECEIPT POSITION		ROUND CATCH WEIGHT			FISH TICKET NUMBER
						LATITUDE	LONGITUDE	TOTAL HAIL WEIGHT <small>(Circle one LB or MT)</small>	IR/IU SPECIES		
									SPECIES CODE	<small>(Circle one LB or MT)</small>	

COMMENTS

FOR REFERENCE ONLY