

APPLICATION FORM

**STATE OF GEORGIA
SALTWATER GAMEFISH RECORDS ENTRY FORM**

Read all angling rules Georgia Saltwater Gamefish Record requirements before completing and signing this application. This application must be accompanied by photographs as specified in the State record requirements.

1. **DIVISION** _____ Women's _____ Men's

2. **SPECIES** (*Common name*): _____

3. MEASUREMENTS

Weight _____ lbs. _____ oz.

Fork Length ¹: _____ inches Total length ²: _____ inches Girth ³: _____ inches

¹ Tip of snout to the inner fork of the tail. ² Tip of snout to end of tail – maximum length. ³ Distance around thickest part of body.

4. **DATE OF CATCH:** _____

5. **PLACE OF CATCH** (*Be specific as possible*):

6. **METHOD OF CATCH** (*trolling, casting, fly fishing, etc.*):

7. **ANGLER** (*print name as you wish it to appear on certificate*): _____

Permanent address (*include Zip code*):

Phone: () _____

Fishing Club Affiliation (*not required*): _____

Angler's Age (*not required*): _____

8. EQUIPMENT

Rod: _____ Reel: _____

(*make & length*)

(*make*)

Line (*make & test*): _____ Name of lure or bait: _____

Terminal rig description (*include hook number, types, & arrangement*):

9. BOAT (*if used*)

Name: _____

Captain's Name: _____

Signature: _____

Address: _____

Phone: () _____

10. SCALES

Location: _____

Date last certified: _____

Certifying Agency: _____

Weighmaster Name: _____

Signature: _____

Address: _____

Phone: () _____

11. WITNESSES

Witness to catch (*other than angler or captain*):

Phone: () _____

Witnesses to weighing (*other than angler, captain, or weighmaster*):

Phone: () _____

12. ADDITIONAL COMMENTS (*fighting time, equipment used, additional witnesses, etc.*):

13. AFFIDAVIT

I, the undersigned, hereby take oath and attest that the fish described in this application was hooked, fought, and brought to gaff by me without assistance from anyone, except as specifically provided in the regulations, and that it was caught in accordance with Georgia Saltwater Gamefish Records angling rules. I further declare that all information in this application is true and correct to the best of my knowledge.

Signature:

Date: _____,

20_____

When completely filled out and signed, mail this application with photos by quickest means to:

Saltwater Gamefish Records Program
Coastal Resources Division
Georgia Department of Natural Resources
One Conservation Way
Brunswick, Georgia 31520
(912) 264 - 7218

Or email a scanned copy to Paul.Medders@dnr.ga.gov