WISCONSIN RECORD FISH APPLICATION

Form 3600-70 (R 5/02)

INSTRUCTIONS

1. All fish taken by legal angling methods (e.g., rod and reel, setline and bankpole, spearing, and bow and arrow) are eligible. However, records for fish caught by hook and line will be kept separately from those taken by other means.

2. Authenticated information must include when and where the fish was caught, and the total length, weight, and girth of the fish. Supplemental information will include the name and address of the person who caught the fish as well as the method of angling used.

3. Fish must be weighed on a retail scale legal for commerce in the presence of an authorized WDNR employee. After the fish is weighed, an incision should be made (by the applicant or the applicant's designee) so the fish's body cavity can be examined.

4. Weight must be recorded and verified to the nearest hundredth of a pound (e.g., 4.25 lbs.) by the owner/user of the scale.

5. Notice: Completion of this form is voluntary. However, the Department cannot consider your application unless all information listed below is provided and authenticated. Personally identifiable information will be used for fisheries management purposes, may be posted on the WDNR website, and must also be made available to requesters, under Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

ANGLER COMPLETE THIS SECTION

Last Name	First Name MI		
Street Address (including Rural Route, Apt. No., PO Box)			
City	State Zip Co	de	
Phone Number (including Area Code) V	VI Fishing License No.	Date Caught	
Fish Species Name		Time Caught O AM PM	
Water Where Fish Caught			
County Where Fish Caught	Length of Fish incl	Weight of Fish hes lbs.	
Girth of Fish Fish was O ROD & F O SETLINE	REEL O SPEAR E/BANKPOLE O BOW & ARROW	Bait O LIVE used: O ARTIFICIAL	
Fish was taken by: O STILL FISHING O TH	ROLLING O CASTING C) FLY FISHING	

I hereby swear under oath and penalty of perjury that all the information stated in this Record Fish Application is true and correct to the best of my knowledge.

Angler Signature	Date	seal
Subscribed and sworn to, before me this day of	/	Seal
Notary Public,		_,Co.
WI. My commission (expires) (is)		
VERIFIER COMPLETE THIS SECTION Date signed:		
Establishment Name		
Street Address (including Rural Route, Apt. No., PO Box)		
City State	Zip Code	
	Phone Number (includi	ng Area Code)
Signature of Verifier		