

DFO RECREATIONAL SHARK FISHING MONITORING DOCUMENT

NAME: _____

LICENCE #: _____

Vessel Name	Date (dd/mm/yy)	Port(s)	Hours Fished	Species	Location (lat/long deg min sec)	Length (ft in)	Weight (lbs)	Release d/Kept	Sex (M/F/U)

Licence Holder's Signature _____ Dockside Observer Name and ID # _____

Dockside Observer Signature _____

Return to: Recreational Shark Monitoring Program
 Dept. of Fisheries and Oceans
 BIO
 P.O. Box 1006
 Dartmouth, NS B2Y 4A2

Attention: Dr. Steve Campana