



N.C. SALTWATER FISHING TOURNAMENT

Application for a State Record Fish

Fish shall be caught in accordance with North Carolina State and Federal laws and regulations as well as the rules listed in the North Carolina Saltwater Fishing Tournament State Record Requirements. The Division of Marine Fisheries may use or release your personal information (i.e., name and city of residence) and photographs for educational and/or informational purposes, including but not limited to publications and/or websites. By signing the form below, you are consenting to release your information and attesting that all rules, regulations, and requirements have been met.

APPLICATION TYPE (CIRCLE ONE)

All-Tackle Weight

All-Tackle Length

ANGLER INFORMATION

Name: _____ Date: _____

(print name as you wish it to appear on certificate)

(date fish was landed)

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Date of Birth: _____

Email address: _____

Coastal Recreational Fishing License Number: _____

Signature: _____

WITNESSES TO CATCH &/OR WEIGHING

Name: _____ Phone number: _____

Email address: _____

Signature: _____

CAPTAIN OR GUIDE (IF APPLICABLE)

Name: _____ Guide fishing license number: _____

Email address: _____ Phone number: _____

Vessel name: _____

Signature: _____

CATCH INFORMATION

Species common name: _____

All-Tackle Weight: Contact the Division of Marine Fisheries offices for a Biologist inspection for positive species identification. Do not discard, or fillet your fish before a positive ID is made

Fight time (min): _____ Weight Lbs: _____ Weight Oz: _____ Digital Weight & Units: _____

Fork length (inches): _____ Total length (inches): _____ Girth (inches): _____

Fishing location (water body/city/markers) _____

Lure/bait: _____ Line test: _____

Rod make/model: _____ Reel make/model: _____

Circle one for the following questions

Was the fish caught using conventional hook & tackle? YES NO

Was the fish released alive & able to swim off by their own means? YES NO NOT APPLICABLE

Was the fish a federally recognized highly migratory species? YES NO

HMS permit number: _____

COMPLETE FOR ALL-TACKLE WEIGHT

Weigh station name: _____ Date weighed: _____

Weighmaster name: _____ Phone number: _____

Weighmaster email: _____

Weighmaster signature: _____

Scale type: _____ Manufacturer: _____

Date of last certification: _____ Scale units: _____

Please direct questions to:

Amanda Macek, *Sportfishing Specialist*, 252-808-8081
saltwater.ciations@ncdenr.gov or Amanda.macek@ncdenr.gov

Application and supporting materials can be mailed to:

N.C. Saltwater Fishing Tournament
N.C. Division of Marine Fisheries
PO Box 769 Morehead City, NC 28557