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 (copy attached). 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.

Species (Common Name): _________________________________________________

Weight:_______________     _______________________________
lbs                           oz / tenths of lbs (circle one)

Total Length: _______________________  (tip of nose to tip of tail)

Fork Length: _______________________  (tip of nose to fork in tail, if applicable)

Girth: _____________________________

Date Caught: _____________________ Location Caught:_______________________

Lure or Bait Type:________________________ Line Test:______________________

Rod and Reel Information_________________________________________________

Was the fish caught using conventional hook and line tackle?  YES / NO (circle one)

Angler (Please Print): ____________________________________________________

Address: _______________________________________________________________

E-Mail: _____________________________ Phone Number: _____________________

Coastal Recreational Fishing License Number of Angler: _______________________

Signature of Angler: _____________________________________________________

Citation Weigh Station: ___________________________________________________

Date Scales Last Certified: ________________________________________________
Type & Manufacturer of Scales: __________________________________________

Name of Weighmaster (Please Print): _______________________________________

Address: __________________________________________________________________

E-Mail: ____________________________ Phone Number: _______________________

Signature of Weighmaster: ________________________________________________

Name of Witness to Weighing: _____________________________________________
(Other than Angler, Captain, or Weighmaster)

Address: __________________________________________________________________

E-Mail: ____________________________ Phone Number: _______________________

Signature of Witness: _____________________________________________________

Captain (If Applicable): ____________________________________________________

Address: __________________________________________________________________

E-Mail: ____________________________ Phone Number: _______________________

Signature of Captain: _____________________________________________________

Applicant must mail application with a full side view photo of the fish (clear enough for a positive identification), a photo of the angler with the fish, and a photo of the fish being weighed with weight legible. Proof of scale certification within the last 12 months is required as well (obtained from the weigh station). Digital photos are preferred. The original application with all signatures must be mailed to:

N.C. Saltwater Fishing Tournament
N.C. Division of Marine Fisheries
PO Box 769
Morehead City, NC 28557
saltwater.citations@ncdenr.gov

Please contact the Division of Marine Fisheries offices for a Biologist inspection for a positive identification of the fish. 1-800-682-2632 or 252-808-8081