

PRIMARY HARVESTER VMRC ID & NAME		<input type="checkbox"/> CHECK IF AGENT USED	AGENT VMRC ID	WATER FISHED	HRS GEAR FISHED	GEAR	GEAR AMOUNT	MAN HOURS	NO. OF CREW
VMRC ID	NAME		AGENT NAME	SPECIES & MARKET CATEGORY	AMOUNT	UNITS (CIRCLE ONE):			* Check if processed
			BUYER			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
ADDITIONAL HARVESTERS VMRC ID & NAME(S) LIST ONLY HELPERS WITH VMRC ID			VESSEL ID NO.			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
VMRC ID	NAME		VESSEL NAME			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
			PUBLIC ROCK ABBR (OYSTERS ONLY)			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
			AREA (OYSTER ONLY)			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
			CITY/COUNTY LANDED			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
			DATE (ONE PER TICKET)			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>

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* Check (✓) If Processed = The live weight or amount column is actually processed weight (e.g. catfish fillets, puffer tails, gutted fish, etc.)

Complete ALL information on the first ticket of each "3 ticket" form; duplicate information can be left blank on the following two tickets of the same form. **DO NOT CUT FORMS!**

(BLUE OR BLACK INK ONLY)

MR 560001

VMRC COPY

PRIMARY HARVESTER VMRC ID & NAME		<input type="checkbox"/> CHECK IF AGENT USED	↓AGENT VMRC ID	WATER FISHED	HRS GEAR FISHED	GEAR	GEAR AMOUNT	MAN HOURS	NO. OF CREW
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HARVESTERS COPY

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