

Catch Disposal Record

Name: _____ Date: _____



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|--|---------------|---------------------------------|
| Date: | | MFL Number: |
| Zone fished: A B C | | Master's full name: |
| | | Number of pots entitled: |
| | | Number of fishing days: |
| Retained catch | Number | Weight (kg) |
| Western rock lobster | | |
| Bycatch (list species): | | Number: |
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|----------------------|---------------|--------------------|
| Catch | Number | Weight (kg) |
| Western rock lobster | | |



I declare that the information I have given is true and correct.

Master's signature:

Date of declaration: