

**MASSACHUSETTS DIVISION OF MARINE FISHERIES
2007 Horseshoe Crab Landing Report Form**

Permit Holder: _____ Permit #: _____ Month Fished: _____

Method of Harvest: _____ Permit Type: Bait _____ Biomedical: _____

Method and /or Gear Used to Harvest: Hand, Trawl, Net, Rake or Other (describe)

Did Not Fish for Month _____ Will Not Fish Rest of Year _____ Will Not Fish Entire Year _____

Day	# Females	# Males	Harvest Location (Give the Town, Bay and Beach Where the Crabs were Harvested)	Sold To: (Give Name of Dealer or Person Sold To)
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Forms are available on the Division's website at www.mass.gov/dfwele/dmf or at 508-910-6344

Return Completed Forms By the 5th Day of the following month to:

Massachusetts Division of Marine Fisheries
838 South Rodney French Blvd
New Bedford, MA 02744
Attn: Frank Germano

Permit Holder's Signature: _____ Telephone #: _____