2004 Massachusetts Division of Marine Fisheries

Dealer Transaction Form (quota reporting)

Fax these sheets at the end the season to 617-727-3337

FLUKE

Company Name: _____ **MA Dealer Permit #:** _____

Signature: _____

Transaction Date	Vessel/Fishermen's Name	MA Commercial Permit # (4-digit)	Pounds

***** Please Make Additional Copies of This Blank Form *****

Computer generated reports and text files on diskette will be accepted in the place of this form