

*** Required Fields Are Highlighted Red - Incomplete Forms Will Not Be Accepted ***



Commercial Blue Crab Landing Report

DNREC Division of Fish and Wildlife



Print Full Name(s)

License Holder

Alternate (1)

Alternate (2)

Port Landed

Month/Year

Equipment Fished **(Click One)**

Vessel ID/Name

Crab Pot #(s)

Pots

Dredge

Average # of Pots Tended Per Day

of Days Spent Crabbing

Blue Crab Monthly Harvest

Area Fished

#1 Male Crabs
(Bushels)

#2 Male Crabs
(Bushels)

#3 Female Crabs
(Bushels)

Number of Peeler
Crabs Harvested

CLICK THE MONTHS YOU DID NOT GO CRABBING. NO OTHER REPORT IS REQUIRED FOR THE MONTHS CLICKED.

JAN FEB MAR APR MAY JUN JULY AUG SEPT OCT NOV DEC

COMPLETED REPORT IS REQUIRED TO BE SUBMITTED TO DNREC DIVISION OF FISH AND WILDLIFE NO LATER THAN THE LAST WORKING DAY OF THE MONTH FOLLOWING THE MONTH THAT WAS FISHED.

Printed Name: _____ Signature: _____ Date: _____

I DECLARE UNDER PENALTY OF THE LAWS OF DELAWARE THAT THE FOREGOING IS TRUE AND CORRECT.

Email Completed Forms To: DNRECfisheries@delaware.gov