



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

Commercial Oyster Dredge Harvest Report

DNREC Division of Fish and Wildlife



FISHERMAN FULL NAME (Lic. #): _____ ALTERNATE FULL NAME (Lic. #): _____

VESSEL ID/NAME: _____ PORT LANDED: _____ MONTH/YEAR: _____

Day	Fisherman Tag # Used Each Day (Last 5 Digits of Tag #)	Name of The Oyster Bed (Check One - If Fished) :						# of Dredges Used	Time Dredging (Report to The Nearest ½ Hour)	Bushels of Oysters Harvested
		Silver Bed	Over- The-Bar	Ridge	Drum Bed	Lower Middle	Other			
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31	--									

CLICK THE MONTHS YOU DID NOT HARVEST OYSTERS. 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