GEORGIA SALTWATER GAME FISH RECORDS PROGRAM
APPLICATION FOR STATE RECORD

Prior to completing this application, please read the Georgia Saltwater Game Fish Records Program rules and regulations at CoastalGaDNR.org/SaltwaterRecords. This application must be accompanied by photographs as specified in the Program’s rules and regulations. Incomplete applications may be rejected or take longer to process. By completing this application, you agree to allow the Georgia Department of Natural Resources to release to the public photos and relevant information regarding a new record, tie record, or outstanding catch.

I. ANGLER IDENTITY

Angler name (as you would wish it to appear on your state record certificate): ____________________________

Date of Birth: __________/_______/_______

First name ____________________________ Middle initial ______ Last name ____________________________

MM / DD / YYYY

Permanent address:

Street ____________________________

Apartment/Unit ____________________________

City ____________________________ County ____________________________ State ____________________________ ZIP ____________________________

Phone number: ____________________________ Email address: ____________________________

Including area code ____________________________

Fishing license information: ____________________________ Division of entry (check one): ____________________________ Fishing club affiliation (if any): ____________________________

MEN ______ WOMEN ______

Georgia fishing license number ____________________________

Saltwater Information Program (SIP) Permit expiration date: __________/_______/_______ (Note: A valid SIP permit is required by law, O.C.G.A. 27-2-201)

Note: You do not need a fishing license or SIP permit if you are covered under a Georgia Charter/Guide License. To be eligible, you must have been on a paid charter trip when you caught your fish, and the guide must be appropriately licensed. Be sure to include the charter guide's information in Section "IV. Vessel".

II. CATCH INFORMATION

Species (common name): ____________________________ Date of catch: ____________________________

Place of catch (be specific): ____________________________ Method of catch: ____________________________

Trolling, casting, fly fishing, etcetera ____________________________

Weight: ____________________________ Length (in inches): ____________________________ Girth (in inches): ____________________________

Pounds ______ Ounces ______ Total length ______ Fork length ______

Distance around the thickest part of body ____________________________
VI. EYEWITNESS TO CATCH
Name of eye witness to catch (other than angler or captain):

First and last name
Phone number: 
Signature of eye witness to catch: X

Including area code

VII. EYEWITNESS TO WEIGHING
Name of eye witness to weighing (other than weighmaster):

First and last name
Phone number: 
Signature of eye witness to weighing: X

Including area code

VIII. ADDITIONAL COMMENTS
Fighting time, equipment used, additional witnesses, et cetera:


IX. ANGLER AFFIDAVIT
I, the undersigned applicant, hereby take oath and attest that the fish described in this application was hooked, fought, and brought to gaff by me without assistance from anyone, except as specifically provided in the rules and regulations of the Georgia Saltwater Game Fish Program, and it was caught in accordance with the Program's rules and regulations. I further declare that all information in this application is true and correct to the best of my knowledge.

Signature of angler applicant: X
Date of signature: MM/DD/YYYY

Applicants who lack a valid Georgia fishing license, active Saltwater Information Program Permit, or other necessary permits will be disqualified. The Georgia Department of Natural Resources Law Enforcement Division will check permits as part of this application.

When this application is completely filled out and signed, mail it with the necessary photos to:

Saltwater Game Fish Records Program
Coastal Resources Division
Georgia Department of Natural Resources
One Conservation Way
Brunswick, GA 31250

or email the complete application and photographs to tyler.jones@dnr.ga.gov
<table>
<thead>
<tr>
<th>Applicant’s name</th>
<th>Date of catch</th>
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<tbody>
<tr>
<td><strong>First name</strong></td>
<td><strong>MM / DD / YYYY</strong></td>
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<td><strong>Middle initial</strong></td>
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<tr>
<td><strong>Last name</strong></td>
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Date application received

**MM / DD / YYYY**

Division of entry (check one):

- **MEN**
- **WOMEN**

Species common name

Genus and species

Current record weight: | Entry weight: | Weight needed: |
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<tbody>
<tr>
<td><strong>Pounds</strong></td>
<td><strong>Ounces</strong></td>
<td><strong>Pounds</strong></td>
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**REVIEW COMMITTEE**

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<thead>
<tr>
<th>Approve NEW Record</th>
<th>Approve TIE Record</th>
<th>Disapprove Record</th>
<th>Approve Outstanding Catch</th>
<th>Disapprove Outstanding Catch</th>
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<tbody>
<tr>
<td>Tyler Jones</td>
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<td>Program Coordinator</td>
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<td>Paul Medders</td>
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<td>Program Advisor</td>
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<td>Jared Flowers</td>
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<td>Research and Surveys</td>
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<tr>
<td>Carolyn Belcher</td>
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<td>Chief of Marine Fisheries</td>
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<td>Doug Haymans</td>
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<td>Division Director</td>
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Notes