

S17 Special Permit – Daily Log Sheet

SPECIAL PERMIT NUMBER: S17/ _____ PERMIT HOLDERS NAME: _____

MONTH: _____ YEAR: _____ NIL RETURN: (TICK, IF APPROPRIATE) _____

This log must be completed on each day collecting takes place.

DATE	HRS WORKED/ No. OF ASSISTANTS	COLLECTION AREA	GEAR USED (Type, Number & Length)	SPECIES COLLECTED	NUMBERS/ WEIGHT	STORAGE OR HOLDING AREA

Comments: _____

OFFICIAL USE ONLY	

I declare that the information on this return is true and accurate.

SIGNATURE OF PERMIT HOLDER: _____ Date: ____/____/____

