THE NORTHERN TERRITORY OF AUSTRALIA – FISHERIES ACT
MUD CRAB FISHERY

LICENCE No: **A8/**_____ LICENCE HOLDER NAME (operator's name): _____

MONTH: _____ YEAR: _____ **NIL RETURN** (tick, if appropriate): ☐

VESSEL REGO No's: _____ PORT OF LANDING: _____ TOTAL DAYS FISHED: _____

SESSION

GRID NUMBER								
AREA or RIVER (specify)								
FISHING METHOD		POTS		POTS		POTS		POTS
START DATE	FINISH DATE							
No. OF POTS SET								
No. DAYS POTS PULLED TWICE								

CATCH DETAILS

CATCH and BYPRODUCT (list species)	WEIGHT (kg)	CUT*	WEIGHT (kg)	CUT*	WEIGHT (kg)	CUT*	WEIGHT (kg)	CUT*
MUD CRAB								
BYCATCH (specify)								

* (trunk, fillet, gilled & gutted, whole, fins, etc)

MARKET DETAILS

PRODUCT SOLD (list species)	CUT*	STORAGE (live, dead, empty, slow, etc)	WEIGHT SOLD (kg)	DESTINATION	
				N.T. (public or traders no.)	INTERSTATE (state and traders name)

official use only

COMMENTS:_____

I _____ **declare that the information on this return is true and accurate.**
(print operator's name)

SIGNATURE OF LICENCE HOLDER (operator's signature)**:** _____ **DATE:** _____/_____/_____

NORTHERN TERRITORY GOVERNMENT