



State of Wisconsin
 Department of Natural Resources
 P.O. Box 7921
 Madison, WI 53707-7921

WISCONSIN RECORD FISH APPLICATION
 Form 3600-70 Revised (8/16)

INSTRUCTIONS

1. All fish taken by legal angling methods (e.g., rod and reel, setline and bankpole, spearing, skin or scuba diving, bow and arrow and crossbow) are eligible.
2. Authenticated information must include when and where the fish was caught, and the total length, weight, and girth of the fish. Supplemental information will include the name and address of the person who caught the fish as well as the method of angling used.
3. Fish must be weighed on a retail scale legal for commerce in the presence of an observer/verifier.
4. Weight must be recorded and verified to the nearest hundredth of a pound (e.g., 4.25 lbs.) by the owner/user of the scale.
5. **Notice:** Completion of this form is voluntary. However, the Department cannot consider your application unless **all information listed below is provided and authenticated.** Personally identifiable information will be used for fisheries management purposes, may be posted on the DNR website, and must also be made available to requesters, under Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

ANGLER COMPLETE THIS SECTION

A photo of the fish or fish and angler should accompany the application.

 Last Name First Name MI

 Street Address (including Rural Route, Apt. No., PO Box)

 City State Zip Code

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 Phone Number (including Area Code) WI Customer Identification No. Date Caught (mm/dd/yy)

 Fish Species Name Time Caught (hh:mm) AM PM

 Water Where Fish Caught

 County Where Fish Caught Length of Fish inches Weight of Fish lbs.

 Girth of Fish inches Fish was taken with: ROD & REEL SPEAR BAIT LIVE SETLINE/BANKPOLE BOW & ARROW ARTIFICIAL

Fish was taken by: STILL FISHING TROLLING CASTING FLY FISHING

I hereby swear under oath and penalty of perjury that all the information stated in this Record Fish Application is true and correct to the best of my knowledge.

 Angler Signature Date

Subscribed and sworn to, before me this _____ day of _____, 20____

 Notary Public, _____ Co.

WI. My commission (expires) (is) _____

VERIFIER COMPLETE THIS SECTION

Date signed: _____

 Establishment Name

 Street Address (including Rural Route, Apt. No., PO Box)

 City State Zip Code

 Signature of Verifier Phone Number (including Area Code)

DNR USE ONLY

 Approval Signature of DNR employee Home Station Date

