MARYLAND DEPARTMENT OF NATURAL RESOURCES
FISHERIES SERVICE
SNAPPING TURTLE HARVEST REPORT
Date: _____
(Authority: NR §4-218)

Name:	**License Number: _____**
Street:	**FINISHED FOR THE YEAR ☐**
CityStateZip:	**DID NOT TURTLE ☐**
ALL HARVEST MUST BE REPORTED ON YOUR MARCH FINFISH REPORT	

REPORT HARVEST HERE:

DATE	#OF SNAPPING TURTLES HARVESTED	NOAA CODE	#OF TRAPS SET	#OF SMALL TURTLES RELEASED	DATE	# OF SNAPPING TURTLES HARVESTED	NOAA CODE	#OF TRAPS SET	# OF SMALL TURTLES RELEASED
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

REPORT SALES HERE:

DATE	# OF TURTLES SOLD	POUNDS	SOLD TO (Dealer Name/Public)

WRITE COMMENTS HERE:

_____

_____

SEND TO: DNR Permits Coordinator, 580 Taylor Ave, B-2, Annapolis, MD 21401 or FAX to (410) 260-8279

Signature: _____ Date: _____

I certify that the information provided on this form is true, complete, and correct to the best of my knowledge, and made in good faith. Making false statement on this form is punishable by law (Article 27, Section 45A).