

Please complete and print this form and send it with the tag to: Fish Tag Returns Cefas Lowestoft Laboratory, Pakefield Road, Lowestoft Suffolk, NR33 OHT, UK

Shellfish tag return form

Name:			
Address:			
Telephone number:			
Email:			
Tag number(s) and colo	ur:		
Species:			
Sex:			
Date caught:			
Port of landing:			
Where caught: La	titude:	Longitude:	
Name/fishing ground:			
Vessel name/registration policable):	on (if		
How caught:			
Size (mm):			
(crabs: carapace width, lob	sters: back eye sock	et to back carapace, spider crabs	: carapace length)
Additional information:			