

PRIMARY HARVESTER VMRC ID & NAME		<input type="checkbox"/> CHECK IF AGENT USED	↓AGENT VMRC ID	WATER FISHED	HRS GEAR FISHED	GEAR	GEAR AMOUNT	MAN HOURS	NO. OF CREW
↓ VMRC ID	↓ NAME		↓AGENT NAME	↓SPECIES & MARKET CATEGORY	↓AMOUNT	↓UNITS (CIRCLE ONE):			* Check if processed
			↓BUYER			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
ADDITIONAL HARVESTERS VMRC ID & NAME(S) LIST ONLY HELPERS WITH VMRC ID			↓VESSEL ID NO.			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
↓VMRC ID	↓NAME		↓VESSEL NAME			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
			↓PUBLIC ROCK ABBR (OYSTERS ONLY)			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
			↓AREA ( OYSTER ONLY)			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
			↓CITY/COUNTY LANDED			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>
			↓DATE (ONE PER TICKET)			BU LBS NU BBL BOX DOZ GAL TRAY			<input type="checkbox"/>

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Complete ALL information on the first ticket of each "3 ticket" form; duplicate information can be left blank on the following two tickets of the same form. **DO NOT CUT FORMS!**

**(BLUE OR BLACK INK ONLY)**

**MR 560001**

**VMRC COPY**

PRIMARY HARVESTER VMRC ID & NAME		<input type="checkbox"/> CHECK IF AGENT USED	AGENT VMRC ID	WATER FISHED	HRS GEAR FISHED	GEAR	GEAR AMOUNT	MAN HOURS	NO. OF CREW
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