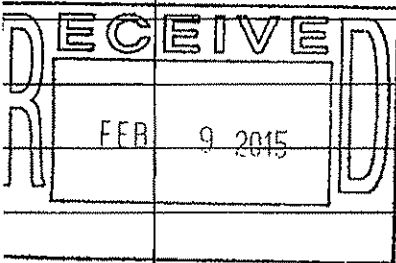


| PRIMARY HARVESTER<br>VMRC ID & NAME | <input type="checkbox"/> CHECK<br>IF AGENT<br>USED | ↓AGENT VMRC ID    | WATER FISHED                  | HRS GEAR<br>FISHED | GEAR                            | GEAR<br>AMOUNT | MAN<br>HOURS | NO. OF<br>CREW |
|-------------------------------------|--|-------------------|-------------------------------|--------------------|---------------------------------|----------------|--------------|----------------|
| 9999 Frank O. Oyster Jr             |  |                   | sea                           | 3                  | hmd                             | 1              | 3            | 1              |
| ↓AGENT NAME                         |  | Mr. Oyster S&D Co | ↓SPECIES & MARKET<br>CATEGORY | ↓AMOUNT            | ↓UNITS (CIRCLE ONE):            |                |              |                |
| ↓BUYER                              |  | VA 999AB          | Chowder                       | 400                | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓VESSEL NAME                        |  | Miss Report       | Chowder                       | 200                | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓PUBLIC ROCK ABBR (OYSTERS ONLY)    |  |                   | TOP                           | 25                 | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓LEASE NUMBER (AQUA. ONLY)          |  |                   | top med                       |                    | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓CITY/COUNTY LANDED                 |  | Northampton       |                               |                    | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓DATE (ONE PER TICKET)              |  | 1-2-15            |                               |                    | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |

| PRIMARY HARVESTER<br>VMRC ID & NAME | <input type="checkbox"/> CHECK<br>IF AGENT<br>USED | ↓AGENT VMRC ID | WATER FISHED                  | HRS GEAR<br>FISHED | GEAR                            | GEAR<br>AMOUNT | MAN<br>HOURS | NO. OF<br>CREW |
|-------------------------------------|--|----------------|-------------------------------|--------------------|---------------------------------|----------------|--------------|----------------|
|                                     |  |                | sea                           |                    | hmd                             |                | 6            | 1              |
| ↓AGENT NAME                         |  |                | ↓SPECIES & MARKET<br>CATEGORY | ↓AMOUNT            | ↓UNITS (CIRCLE ONE):            |                |              |                |
| ↓BUYER                              |  |                | Chowder                       | 100                | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓VESSEL NAME                        |  |                | Cherie                        | 400                | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓PUBLIC ROCK ABBR (OYSTERS ONLY)    |  |                | top med                       | 1025               | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓LEASE NUMBER (AQUA. ONLY)          |  |                |                               |                    | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓CITY/COUNTY LANDED                 |  | Northampton    |                               |                    | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓DATE (ONE PER TICKET)              |  | 1-3-15         |                               |                    | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |

| PRIMARY HARVESTER<br>VMRC ID & NAME | <input type="checkbox"/> CHECK<br>IF AGENT<br>USED | ↓AGENT VMRC ID | WATER FISHED                  | HRS GEAR<br>FISHED | GEAR                            | GEAR<br>AMOUNT | MAN<br>HOURS | NO. OF<br>CREW |
|-------------------------------------|--|----------------|-------------------------------|--------------------|---------------------------------|----------------|--------------|----------------|
|                                     |  |                | sea                           |                    | hmd                             |                | 3            | 1              |
| ↓AGENT NAME                         |  |                | ↓SPECIES & MARKET<br>CATEGORY | ↓AMOUNT            | ↓UNITS (CIRCLE ONE):            |                |              |                |
| ↓BUYER                              |  |                | Chowder                       | 70                 | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓VESSEL NAME                        |  |                | Cherie                        | 180                | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓PUBLIC ROCK ABBR (OYSTERS ONLY)    |  |                | top med                       | 625                | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓LEASE NUMBER (AQUA. ONLY)          |  |                |                               |                    | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓CITY/COUNTY LANDED                 |  | Northampton    |                               |                    | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |
| ↓DATE (ONE PER TICKET)              |  | 1-17-15        |                               |                    | BU LBS (U) BBL BOX DOZ GAL TRAY |                |              |                |



Check (✓) If Processed = The live weight or amount column is actually processed weight (e.g. catfish filets; puffer tails, gutted fish, etc.)  
 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 000000

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| PRIMARY HARVESTER<br>VMRC ID & NAME |                       | <input type="checkbox"/> CHECK<br>IF AGENT<br>USED | ↓AGENT VMRC ID                | WATER FISHED | HRS GEAR<br>FISHED   | GEAR                            | GEAR<br>AMOUNT | MAN<br>HOURS            | NO. OF<br>CREW           |
|-------------------------------------|-----------------------|--|-------------------------------|--------------|----------------------|---------------------------------|----------------|-------------------------|--------------------------|
| 9999                                | Frank O. Oyster<br>JR |  |                               | Sed          |                      | Knw                             |                | 6                       | 1                        |
| ↓AGENT NAME                         |                       |  | ↓SPECIES & MARKET<br>CATEGORY | ↓AMOUNT      | ↓UNITS (CIRCLE ONE): |                                 |                | * Check if<br>processed |                          |
| ↓BUYER                              |                       |  | Mr. Oyster S&L Co             | Clowder      | 640                  | BU LBS (U) BBL BOX DOZ GAL TRAY |                |                         | <input type="checkbox"/> |
| ↓VESSEL ID NO.                      |                       |  | VA 999 AB                     | Cherrie      | 350                  | BU LBS (U) BBL BOX DOZ GAL TRAY |                |                         | <input type="checkbox"/> |
| ↓VESSEL NAME                        |                       |  | Miss Report                   | Topneck      | 650                  | BU LBS (U) BBL BOX DOZ GAL TRAY |                |                         | <input type="checkbox"/> |
| ↓PUBLIC ROCK ABBR (OYSTERS ONLY)    |                       |  |                               |              |                      | BU LBS NU BBL BOX DOZ GAL TRAY  |                |                         | <input type="checkbox"/> |
| ↓LEASE NUMBER (AQUA. ONLY)          |                       |  |                               |              |                      | BU LBS NU BBL BOX DOZ GAL TRAY  |                |                         | <input type="checkbox"/> |
| ↓CITY/COUNTY LANDED                 |                       |  | Northampton                   |              |                      | BU LBS NU BBL BOX DOZ GAL TRAY  |                |                         | <input type="checkbox"/> |
| ↓DATE (ONE PER TICKET)              |                       |  | 1-20-15                       |              |                      | BU LBS NU BBL BOX DOZ GAL TRAY  |                |                         | <input type="checkbox"/> |

| PRIMARY HARVESTER<br>VMRC ID & NAME |       | <input type="checkbox"/> CHECK<br>IF AGENT<br>USED | ↓AGENT VMRC ID | WATER FISHED                  | HRS GEAR<br>FISHED | GEAR                           | GEAR<br>AMOUNT | MAN<br>HOURS | NO. OF<br>CREW           |
|-------------------------------------|-------|--|----------------|-------------------------------|--------------------|--------------------------------|----------------|--------------|--------------------------|
| ↓VMRC ID                            | ↓NAME |  | ↓AGENT NAME    | ↓SPECIES & MARKET<br>CATEGORY | ↓AMOUNT            | ↓UNITS (CIRCLE ONE):           |                |              | * Check if<br>processed  |
| ↓BUYER                              |       |  |                |                               |                    | BU LBS NU BBL BOX DOZ GAL TRAY |                |              | <input type="checkbox"/> |
| ↓VESSEL ID NO.                      |       |  |                |                               |                    | BU LBS NU BBL BOX DOZ GAL TRAY |                |              | <input type="checkbox"/> |
| ↓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"/> |
| ↓LEASE NUMBER (AQUA. 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"/> |

| PRIMARY HARVESTER<br>VMRC ID & NAME |       | <input type="checkbox"/> CHECK<br>IF AGENT<br>USED | ↓AGENT VMRC ID | WATER FISHED                  | HRS GEAR<br>FISHED | GEAR                           | GEAR<br>AMOUNT | MAN<br>HOURS | NO. OF<br>CREW           |
|-------------------------------------|-------|--|----------------|-------------------------------|--------------------|--------------------------------|----------------|--------------|--------------------------|
| ↓VMRC ID                            | ↓NAME |  | ↓AGENT NAME    | ↓SPECIES & MARKET<br>CATEGORY | ↓AMOUNT            | ↓UNITS (CIRCLE ONE):           |                |              | * Check if<br>processed  |
| ↓BUYER                              |       |  |                |                               |                    | BU LBS NU BBL BOX DOZ GAL TRAY |                |              | <input type="checkbox"/> |
| ↓VESSEL ID NO.                      |       |  |                |                               |                    | BU LBS NU BBL BOX DOZ GAL TRAY |                |              | <input type="checkbox"/> |
| ↓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"/> |
| ↓LEASE NUMBER (AQUA. 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!

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