



# Minnesota State Certified Weight Record Fish Application

### ANGLER INFORMATION *print as listed on your fishing license*

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 MN DNR 9-digit license number \_\_\_\_\_ Email \_\_\_\_\_

### DATE AND LOCATION OF CATCH

Date of catch (month-day-year) \_\_\_\_\_ Time \_\_\_\_\_  AM  PM  
 Name of body of water \_\_\_\_\_ County \_\_\_\_\_ Nearest town \_\_\_\_\_

### METHOD OF FISHING *mark appropriate boxes*

Casting  Trolling  Still fishing  Other, fly fishing, etc.  
 Type of lure/bait \_\_\_\_\_ Type of line/leader \_\_\_\_\_  
 Were you fishing from:  Boat  Shore  Ice  Other (barge, pier, etc.)

### CERTIFIED SCALE VERIFICATION AND LOCATION

Business name \_\_\_\_\_  
 Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact name \_\_\_\_\_ Contact phone number \_\_\_\_\_  
 Type of scale \_\_\_\_\_ Serial number or registration number \_\_\_\_\_  
 Date of scale certification \_\_\_\_\_ Fish weight \_\_\_\_\_

### CERTIFIED WEIGHT INFORMATION

Minimum weight for application must exceed the minimum weight listed for species in the instructions or be at least one ounce greater than an existing record.  
 Species (list of eligible species is listed in the instructions) \_\_\_\_\_  
 Weight (pounds, ounces) \_\_\_\_\_  
 Length (*optional* - use ¼ inch increments) \_\_\_\_\_ Girth (*optional* use ¼ inch increments) \_\_\_\_\_  
 The required photos are attached (see exact specifications in the instructions)  Yes  No

### WITNESS TO THE WEIGHING

I, the undersigned, am at least 18 years of age and witnessed the weighing of the fish described above. I understand that I may be contacted to verify information provided.  
 Name \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

### SPECIES IDENTIFICATION

This is to be done by **two** Department of Natural Resources Fisheries Biologists/Managers. The undersigned, being Fisheries Professionals, do hereby verify authenticity of the above information.  
 Name \_\_\_\_\_ Position \_\_\_\_\_ Area Office \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Area Office \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF APPLICANT**

I certify that the information given above is true and accurate and that I have fulfilled the requirements as outlined in the Catch and Release Fish Rules and Application Instructions, to make my catch eligible. I also give permission and rights to the State of Minnesota to the use of this information. I understand that this use includes the rights to reproduce, publish, publicly display, distribute, and license with copyright to images in all formats. In addition, I authorize my name to be used in connection with said uses. I will not be paid for these uses and I waive all rights to inspect, approve or control how these images are utilized. The State of Minnesota will not intentionally distort or misrepresent these images in use of them. I further agree not to sue and to hold harmless the State of Minnesota and its officials, employees, contractors and licensees from any claims or damages arising from use of these images. If under 18 years of age, parental signature is required.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Signing this application is a statement of true affidavit. False applications can be prosecuted by law.*