



# SOUTH WALES SEA FISHERIES COMMITTEE

## CRAB / LOBSTER TAG RETURN FORM

Date .....

Vessel name/number .....

Skipper .....

Tag number SWSFC .....

Position caught (Lat/long or position from landmark) .....

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Carapace Length (mm) .....

Sex: Male/Female

Berried: Yes/No

Claws missing: None / One / Both

Bait Used/Pot Type .....

Crab/Lobster: Landed / Discarded

Position if returned to sea (Lat/long or position from landmark) .....

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General comments.....

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**Please send completed forms to:**

**Dr Leanne Llewellyn**

**SWSFC**

**Riverside Centre**

**Pipehouse Wharf**

**Morfa Road**

**Swansea SA1 2EN**