**An annual report, licensing fee, and submission of receipts are required to renew your COR**

by Utah Code (4-37-302) and rule (R58-17-18)

**Annual Report for Fee Fishing facilities**

# UTAH DEPARTMENT OF AGRICULTURE & FOOD

### FISH HEALTH PROGRAM

### 350 North Redwood Road

Box 146500 (801) 538-7046

Salt Lake City UT 84114-6500 FAX (801) 538-7169

www.ag.utah.gov

Certificate of Registration Number: 5002 -

Owner's Name: Facility Name:

Species at the facility:

Complete the following if you need to update the contact information for your facility

Change contact person to:

Change mailing address to:

Update email address to:

**FEE FISHING FACILITIES**:

Has this facility been remodeled or changed in the last year? Yes  No 

If “yes” please enclose a site drawing and a description of the modification.

Are suitable screens present to prevent fish loss/entry? Inlet Yes  No 

 Outlet Yes  No 

What type of fishing experience does your facility provide?

Private use, no sales 

Fee fishing: Catch and release 

Fee fishing: Catch out 

Fee fishing: Catch and release, and catch out 

If your clients take harvested fish home, you are required to provide them with a receipt. (A receipt listing the name, address, COR number, COR expiration date and phone number of the facility; the date, number and species caught is required by Utah Code 4-37-305 and rule R58-17-18.)

Enter the number of receipts issued to fishermen from January 1, to the present date

**Attach a blank receipt form**.

REPORT TRANSFERS OF FISH ***INTO*** THE FEE FISHING FACILITY IN 2018

If fish were ***not purchased or transferred*** into your facility during the previous 12 months, write “no fish stocked “

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| --- | --- | --- | --- | --- | --- |
| Date fish acquired | Name and address of fish source | Species | Number | Weight | Entry Permit number |
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Life fish transfers are not permitted from fee fishing facilities.

If live fish were transferred from your facility, complete the following.

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| --- | --- | --- | --- | --- | --- |
| Date sold ortransferred | Name and address of buyer or recipient | Recipient’s COR # | Species | Number | Weight |
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I the undersigned verify that this report is complete and accurate to the best of my knowledge. I understand that any false statement may result in the denial of this application. I accept all liability resulting from any activity associated with this license. I agree to all terms and notices pertaining to this renewal application.

Signature Date