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

mobile: (801) 870-9339

xmatheson@utah.gov

UTAH DEPARTMENT OF AGRICULTURE & FOOD FISH HEALTH PROGRAM 350 North Redwood Road Box 146500 Salt Lake City UT 84114-6500 www.ag.utah.gov

Fee fishing: Catch and release, and catch out

Certificate of Registration Number: 5002 -Facility Name: _____ Owner's Name: Species at the facility: Was the facility sold or purchased in the last year? Yes □ No \square CORs are not transferrable. Please provide the contact information that of the new owners. UDAF would like to provide the new owners with licensing information and COR applications New owners Contact information: Name: ______ ______ Email: _____ Address: Phone: 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 П If screens are not in place, please explain why screens are absent What type of fishing experience does your facility provide? Private use, no sales Fee fishing: Catch and release П Fee fishing: Catch out П

name, address	ake harvested fish home, you are required s, COR number, COR expiration date and p t is required by Utah Code 4-37-305 and re	phone number of			
Enter the numb	ber of receipts issued to fishermen from Ja	anuary 1, to the pr	resent date _		
Attach a blanl	k receipt form.				
Did you stock	t fish into the facility in 2023? ☐ YES	□ No			
IF YES, REPO 2023 "	ORT TRANSFERS OF FISH INTO THE FE	E FISHING FACI	LITY IN		
Date fish acquired	Name and address of fish source	Species & Fertility: 2N, 3N	Number	Weight	Entry Permit Number
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	ers are not permitted from fee fishing facilit transferred from your facility, complete th				
Date sold or transferred	Name and address of buyer or recipient	Recipient's COR #	Species	Number	r 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	
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