

**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  
4315 S 2700 W 2nd Floor,  
Suite 2200  
Taylorsville, UT 84129  
[www.ag.utah.gov](http://www.ag.utah.gov)

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[xmatheson@utah.gov](mailto:xmatheson@utah.gov)

Certificate of Registration Number: 5002 - \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Species at the facility: \_\_\_\_\_

Was the facility sold or purchased in the last year?      Yes         No  

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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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**  

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
- 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.**

**Did you stock fish into the facility in 2024?**  **YES**  **No**

IF YES, REPORT TRANSFERS OF FISH INTO THE FEE FISHING FACILITY IN 2024 “

| Date fish acquired | Name and address of fish source | Species & Fertility: 2N, 3N | Number | Weight | Entry Permit Number |
|--------------------|---------------------------------|-----------------------------|--------|--------|---------------------|
|                    |                                 |                             |        |        |                     |
|                    |                                 |                             |        |        |                     |
|                    |                                 |                             |        |        |                     |
|                    |                                 |                             |        |        |                     |
|                    |                                 |                             |        |        |                     |
|                    |                                 |                             |        |        |                     |
|                    |                                 |                             |        |        |                     |
|                    |                                 |                             |        |        |                     |

Life fish transfers are not permitted from fee fishing facilities.

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

| Date sold or transferred | Name and address of buyer or recipient | Recipient's COR # | Species | Number | Weight |
|--------------------------|--|-------------------|---------|--------|--------|
|                          |  |                   |         |        |        |
|                          |  |                   |         |        |        |
|                          |  |                   |         |        |        |
|                          |  |                   |         |        |        |
|                          |  |                   |         |        |        |

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 \_\_\_\_\_