TENNESSEE ANGLER RECOGNITION PROGRAM APPLICATION FORM

FORM MUST BE FILLED OUT COMPLETELY. PLEASE PRINT.

Angler's name: _____ **Phone number:** (_____) _____ - _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Date of Birth : _____ **Gender :** _____ **Do you qualify for a Master Angler Award?** ___Yes ___No

E-mail: _____ **Social Security Number:** _____

Fishing license number (TWRA #): _____

FISH INFORMATION: **KIND OF FISH (SPECIES):** _____ **DATE CAUGHT:** _____

Body of water where caught: _____ **Was the fish released?** ___Yes ___No

Type of Water: ___Pond ___Reservoir/Lake ___River/Stream **Bait:** ___Natural ___Artificial

County: _____ **Length of fish** (to nearest ¼ inch): _____ **Length certification:** (A or B)

A. Witness signature: _____ **Phone number:** (_____) _____ - _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

B. Photo: Print your name, birth date, and fish species on back of photo and enclose with application. Photos become property of TWRA and are not returned. Photos may be used in publications.

(Angler sign here) I, _____ hereby affirm that the above information is true and in taking this fish I complied with all state fishing regulations and rules of the Tennessee Angler Recognition Program and that the witness actually witnessed the measuring of the fish and/or the photo is accurate and was not altered in any way.

WR-0831

TARP
Tennessee Wildlife Resources Agency
P.O. Box 41729
Nashville, TN 37204

Enclose a check or money order for $5.00 payable to TWRA and mail to: