

Saltwater Slam

Halibut • Lingcod • Rockfish



Application for Certificate

Angler Information (Person who caught the fish):

Name: _____ **Email:** _____

Sport Fishing License Number: _____

Mailing Address: _____

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

Species and Location Details:

Halibut (*Hippoglossus stenolepis*):

Location caught: _____

Date caught: _____



Lingcod (*Ophiodon elongatus*):

Location caught: _____

Date caught: _____



Rockfish (From genus *Sebastes*):

Location caught: _____

Date caught: _____



I hereby swear that in taking these fish I complied with all rules and regulations in the location the fish were caught. I further declare that all the above information is true and correct.

* In addition, I give the Alaska Department of Fish and Game permission to use photographs and recordings of me in print, online or in broadcast media for news and informational or educational purposes without incurring any debts or liabilities of any kind.

Name of entrant: _____
Type name or apply electronic signature

This form and at least one photo of each species can be completed electronically or it can be printed, signed and emailed to dfg.dsf.trophyfish@alaska.gov