Western Australian Spearfishing Commission

Application for West Australian Spearfishing Record

Download this form, open your saved copy, TYPE in the required information, SAVE, email to paxmen@optusnet.com.au
Information boxes will automatically adjust font size if required

Record for: (•) Open ( ) Ladies ( ) Juniors

Species Scientific Name

Common Name

Identification Source

Weight Length Girth

Date of Capture Place

Full Name of Applicant

Address

Phone

I declare by ***submitting*** this form, that the above named fish was landed by me without assistance and that the above information and statements are true.

Signature of Diver

This application must be accompanied by **CLEAR PHOTOGRAPHS** showing the length and girth of species.
Please include a photo of yourself holding the fish for the webpage

Witness to Catch	Weigh Master	Independent Witness to Weighing
Phone	Phone	Phone
Email	Email	Email

Type of Scales used- provide all possible details: Brand, model, certification # and expiry. Photos preferred where possible.

Please deposit $10 recording and certificate fee to bank account details:
BSB: 016 261 Account number: 488 206 271

Receipt No. or reference used from payment to account:

Send this completed application and all photos / additional information to: paxmen@optusnet.com.au

For further information contact the State Records Officer : Barry Paxman 08 9401 1270