CHECK-IN/CHECK-OUT REPORT
SHORESIDE PROCESSOR

☐ Original Report

☐ Revised Report

National Marine Fisheries Service
P.O. Box 21668
Juneau, AK 99802

FAX: 907-586-7131
Telephone: 907-586-7376

Processor Name		ADF&G Proc. Code	**MANAGEMENT PROGRAM** (Check one if applicable and enter number)
Representative	Telephone No.	Federal Proc. Permit No.	☐ CDQ ☐ Exempted ☐ Research No._____
	FAX No.		

Check One				
	Check-in:	☐	Enter date facility will begin to receive groundfish	
	Check-out:	☐	Enter date facility ceased to receive or process groundfish	

If this is a check-in report, check (a) or (b)

☐ (a) Beginning of fishing year ☐ (b) Restart after plant check-out report

FISH OR FISH PRODUCT HELD AT PLANT (Check lbs or mt)

SPECIES CODE	PRODUCT CODE	PRODUCT WEIGHT (☐ lb or ☐ 0.001 mt)	SPECIES CODE	PRODUCT CODE	PRODUCT WEIGHT (☐ lb or ☐ 0.001 mt)

OMB Control No. 0648-0213
Expiration Date: 7/31/05
chckss