



Kentucky State Bowfishing Records Program

State Record Application Form

I, the undersigned, hereby swear (affirm) that the following statements are true, that in taking the fish I complied with all of the rules, and that the witnesses hereto actually witnessed the weighing and measuring of the fish.

State Record Applicant's Signature _____

(please print)

Name of Applicant _____ Address _____

City _____ State _____ Zip _____ Phone _____

Species of Fish _____ Weight _____ Lbs _____ Oz.

Length _____ Girth _____ Date of Kill _____

Location of Harvest (specific body of water). _____

Bow Mfg. _____ Fish Point _____ Reel Mfg. _____

e-mail address _____



We the undersigned, witnessed the weighing and measuring of the fish described above, and verify each given. (minimum, two witnesses for state record — the fish species identification must be verified in person and this form signed by a Kentucky Department of Fish & Wildlife Resources fisheries biologist or Kentucky State Bowfishing Record Program official to be considered for an official state record. Present fish to official after weighing fish)

Printed name _____ Printed name _____

Signature _____ Signature _____

Address _____ Address _____

City/State _____ City/State _____

Zip/Phone _____ Zip/Phone _____

KDFWR fishery biologist or KSBRP official signature _____
official printed name _____

Complete Form; enclose photo and mail to KSBRP chairman:

Walt Kloeppe
43 Wingate Drive
Brandenburg Ky. 40108