

PLEASE BRING THIS FORM TO CHECK STATION WITH YOU! If you don't harvest any

or Via Email to: joseph.garris@dep.nj.gov

CHECK STATION:

Width:

NJ Recreational Beaver Harvest Report Form for 2024-25

PLEASE BRING THIS FORM TO CHECK STATION WITH YOU! If you don't harvest any beaver this **form must be returned** with Trapper & Permit Information completed.

Via US Mail to: Northern Region Office, 26 Rte 173w, Hampton NJ 08827

or Via Email to: joseph.garris@dep.nj.gov

All Trappers complete	<u>Trapper Information</u>	<u>Permit Information</u>
	Trapper Name: _____	Regular _____
	Daytime Phone: () _____	Damage _____
	Conservation ID: _____	Mgt. Zone: _____
	# of Days Trapped: _____ days	Average traps / day: _____

CHECK STATION:

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← A = Assunpink; C = Clinton; F = Flatbrook; N = Newfoundland;
T = Tuckahoe; W = Winslow. Leave blank if no beaver harvested

5. Fifth Beaver Harvested

Date Trapped _____

Sex _____

Mo Day Yr

M or F

Automated Harvest Report Number: _____

(If AHRS active, write number above. If not active, leave blank.)

Landowner's name (if known): _____

(if public land, what agency / authority?)

Water Body: _____

Trap Type / Size: _____

Township: _____

County: _____

DIVISION USE ONLY

METAL POSSESSION SEAL # _____

PELT SIZE (inches):

Length: _____

Width: _____

6. Sixth Beaver Harvested

Date Trapped _____

Sex _____

Mo Day Yr

M or F

Automated Harvest Report Number: _____

(If AHRS active, write number above. If not active, leave blank.)

Landowner's name (if known): _____

(if public land, what agency / authority?)

Water Body: _____

Trap Type / Size: _____

Township: _____

County: _____

DIVISION USE ONLY

METAL POSSESSION SEAL # _____

PELT SIZE (inches):

Length: _____

Width: _____

7. Seventh Beaver Harvested

Date Trapped _____

Sex _____

Mo Day Yr

M or F

Automated Harvest Report Number: _____

(If AHRS active, write number above. If not active, leave blank.)

Landowner's name (if known): _____

(if public land, what agency / authority?)

Water Body: _____

Trap Type / Size: _____

Township: _____

County: _____

DIVISION USE ONLY

METAL POSSESSION SEAL # _____

PELT SIZE (inches):

Length: _____

Width: _____

8. Eighth Beaver Harvested

Date Trapped _____

Sex _____

Mo Day Yr

M or F

Automated Harvest Report Number: _____

(If AHRS active, write number above. If not active, leave blank.)

Landowner's name (if known): _____

(if public land, what agency / authority?)

Water Body: _____

Trap Type / Size: _____

Township: _____

County: _____

DIVISION USE ONLY

METAL POSSESSION SEAL # _____

PELT SIZE (inches):

Length: _____

Width: _____