



CBH/SAA Big Carp Certification Application

Applicant's Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone #: _____

Your email address: _____

CBH Card #: _____ Expiration Date: _____

Weight of Carp: _____ lbs. _____ oz Date Taken: _____

Witness Name: _____ Phone #: _____

Witness Signature: _____ Title: _____

Business Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Area where Carp was taken: _____

County: _____

Applicant's Signature: _____ Date: _____

Small Game Chairman Signature: _____

Approved? Yes ___ or No ___

\$3.00 per fish application fee - 10 pound minimum weight

Mail application and fee to:

Dennis Haworth
2772 Aries Lane
Riverside, Ca. 92503

Questions? Phone: 951-271-6384 or email: dennishaworth@sbcglobal.net