



Oregon Freediving Company Oregon State Record Application Read ALL rules and record requirements before completing and signing this application. This application must be submitted with all supporting materials as specified in the Rules.

Submit completed applications via email to [freediveoregon@gmail.com](mailto:freediveoregon@gmail.com) with the subject "OR Spearfishing Records". Application fee can be paid on our online store or by phone.

NAME OF APPLICANT:

To be printed on record certificate: \_\_\_\_\_

PERMANENT CONTACT INFORMATION:

Street: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

SPECIES:

Common Name: \_\_\_\_\_  
Scientific Name: \_\_\_\_\_

WEIGHT:

Fish was weighed: lb OR kg  
Weight: \_\_\_\_\_ lb \_\_\_\_\_ kg

DATE & PLACE:

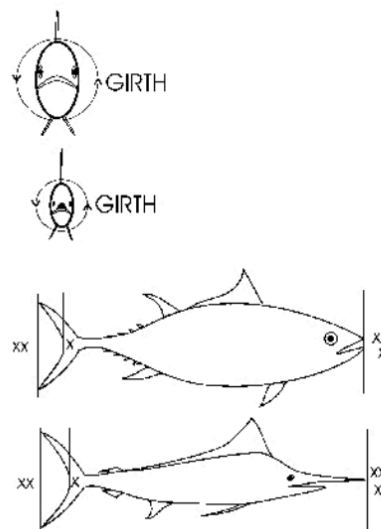
Date Speared: \_\_\_\_\_  
Place Speared: \_\_\_\_\_

LENGTH: (See Measurement Diagram)

Inches: x to x \_\_\_\_\_  
xx to xx \_\_\_\_\_  
CM: x to x \_\_\_\_\_  
xx to xx \_\_\_\_\_

GIRTH: Measure around THICKEST part of fish body (See Measurement Diagram)

Inches: \_\_\_\_\_ CM: \_\_\_\_\_



WITNESSES TO CATCH (Add other Witnesses on back of form) \*Phone Required

Dive Buddy Name: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

EQUIPMENT:

Gun: (Describe make, length, shaft, bands, etc.) \_\_\_\_\_

Category: \_\_\_\_\_

Speargun OR Sling/Polespear Float, lines, reel, etc.: (Describe in detail)

BOAT: (if used) Name: \_\_\_\_\_

Captain's Name: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail: \_\_\_\_\_

CERTIFIED SCALES:

Location: \_\_\_\_\_

Type: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Date last certified: \_\_\_\_\_

Person/Agency that certified scales: \_\_\_\_\_

Weighmaster: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

WITNESSES TO WEIGHING (Other than Applicant, Captain, or Weighmaster)

\*Phone Required

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_