



CBH/SAA Big Carp Certification Application

Applicant's Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

CBH Card Number; _____ Expiration Date: ___/___/___

Weight of Carp ___ lbs ___ ozs Date Taken ___/___/___

Witness Signature _____ Title _____

Business Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Area where Carp was taken _____ County _____

Applicant's Signature _____ Date ___/___/___

S.G.C. Signature _____ Approved Yes No

\$1.00 per fish application fee 10 pound minimum weight

MAIL TO: Bert Malech
1025 Masten Ave.
Gilroy, CA 95020-8902