



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
 MIKE STRAIN DVM, COMMISSIONER
 Office of Animal Health & Food Safety, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806, (225) 925-3962



**LOUISIANA CRAWFISH PROMOTION & RESEARCH
 REPORTING FORM FOR ARTIFICIAL BAIT ASSESSMENT**

FROM: _____
 (Name of Distributor) Address

Report for Quarter of*

*July, August, September - **1st Quarter**; October, November, December - **2nd Quarter**;
 January, February March - **3rd Quarter**; April, May, June - **4th Quarter**

<u>Type of Bag (Volume of Crawfish)</u>	<u>Quantity Sold</u>	<u>Collections</u>
Less than 25 lbs.	_____	Assessment @ 1¢ _____
25 lbs. or more	_____	_____

Total Collections = _____

Date Submitted _____ **Signed by** _____
 (Title)

Report is due on or before the fifteenth (15th) day of the first month of each calendar quarter for sales made the previous quarter.

A report is required from each collector of crawfish assessments even if there were no sales in the quarter being reported.

Please make all checks payable to **LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY** and mail to the following address:

**Louisiana Department of Agriculture & Forestry
 Office of Management & Finance
 5825 Florida Blvd., Suite 1003
 Baton Rouge LA 70806**

CRAWFISH BAIT ASSESSMENT 1060 - 02

OFFICE USE												
Transmittal #												
Check #												
Date												
Amt. \$												