

Wyoming Game and Fish Department Cutt-Slam Verification

Angler's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Verifying Biologist's Name: _____

Signature



Colorado River Cutthroat Trout

Location: _____

Date Caught: _____



Bonneville Cutthroat Trout

Location: _____

Date Caught: _____



Snake River Cutthroat Trout

Location: _____

Date Caught: _____



Yellowstone Cutthroat Trout

Location: _____

Date Caught: _____

Mail to: Wyoming Game and Fish Department
Attn: Fish Division
5400 Bishop Blvd.
Cheyenne, WY 82006

(One certificate per person, please.)