

Indicate number of: Verifications: _____ Discrepancies: _____

Observer's Name		Crew Member's Name	EMPLID
Street Address			
City/State/Zip			
Phone Number ()		EMPLID	

<input checked="" type="checkbox"/> Ownership		Coast Guard		State		Private		Other
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Body of Water	Permit Number	Date Observed

DISCREPANCY OR PROBLEM TO REPORT

(If there are no discrepancies, indicate on the top of form the number of aids that are correct as verifications)

Aid #	Type Aid	Latitude	Longitude	Discrepancy

(Note: Phone reports to PA Fish & Boat Commission are required if a dam, rock or shoal buoy is off station)

*Signature of Observer*_____
*Date of Report***Mail Original Report to:**

Fred Menke, Administrative Officer
 Bureau of Boating & Education
 Pennsylvania Fish and Boat Commission
 PO Box 67000
 Harrisburg, PA 17106-7000
 (717-705-7841)

Date Report Mailed: _____Examples of Discrepancy/Problem

Aid Missing
 Aid Has No Permit Number
 Aid Needed
 Aid Faded

For ATON Auxiliary credit, a copy of this report must also be forwarded to the DSO-AN, 5th Northern Region by the Observer. If no discrepancies or problems exist, so indicate, and submit for patrol credit. This form is submitted voluntarily by the Observer as a service to the Pennsylvania Fish and boat Commission and the Boating Community.

ACTION TAKEN ON DISCREPANCY OR PROBLEM REPORTED

Aid #	Type Aid	Action Taken

Return Report to: Fred F. Menke, PA Fish and Boat Commission, Bureau of Boating and Education, PO Box 67000, Harrisburg, PA 17106-7000.

*Signature*_____
Date