

# Commercial Fisheries Entry Commission 2012 Crab CDQ and Community Allocation Vessel and Captain Authorization Form

P.O. Box 110302  
Juneau, Alaska 99811-0302  
Phone: (907)789-6150/Fax: (907)789-6170  
www.cfec.state.ak.us

The Entry Commission will issue CDQ/CA crab permits for 2012 only to individuals authorized as vessel captains by Bering Sea Crab CDQ and Community Allocation groups. Additional copies of this form may be submitted if additional captains are authorized at a later date. Please notify the Entry Commission immediately if a captain is no longer authorized to fish for the designated CDQ/CA group. The manager or director of each group must complete this form in advance of the 2012 Crab CDQ/CA season. Please designate the vessel and/or captain that operate in each CDQ/CA fishery for which allocation has been received. Please return this to the Entry Commission as soon as possible as the permit applicant may be waiting for the authorization.

<b>CDQ/CA Group Name</b>			
_____			
CDQ/Community allocation group name			
_____			
Permanent mailing address	Contact person	Title	Phone number
_____	_____	_____	_____
City	State	Zip	Group number
_____	_____	_____	_____
Fax number		_____	

Indicate below the fisheries in which the CDQ/CA group plans to participate, and list authorized captains and vessels for each fishery. You must complete the second page of this form for each fisherman. Each captain must submit a Bering Sea Crab CDQ & Community Allocation Permit Application form and fee to receive a 2012 interim-use permit card.

X	Fishery	Captain's name	Vessel ADF&G #	Vessel name(s)
	King crab, Aleutians	1) 2) 3) 4)		
	King crab, Bering Sea	1) 2) 3) 4)		
	King crab, Bristol Bay	1) 2) 3) 4)		
	King crab, Norton Sound	1) 2) 3) 4)		
	Tanner crab, Bering Sea	1) 2) 3) 4)		
	Golden King crab, Adak	1) 2) 3) 4)		

*Certification (by legal representative) I certify under penalty of perjury all information contained herein is true and correct and this CDQ/Community Allocation Group and its authorized captains meet the requirements for permit issuance stated in 5 AAC 39.690 and the regulations of the Commercial Fisheries Entry Commission.*

X \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature of legal representative

Name \_\_\_\_\_ SSN \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Mailing Address \_\_\_\_\_