

# Commercial Fisheries Entry Commission

## 2012 Educational Permit Application

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

Use this form to apply for a 2012 educational entry permit. Complete the educational permit agent designation form on page 3 and make **three copies**. Send the original to the Entry Commission with the permit application, keep one copy for the institution's records and give one copy to the named agent. The agent must have this form in his or her possession at all times while operating gear under the terms of the permit.

The agent must also hold a valid crew member license or interim-use or limited entry permit issued by the Entry Commission. While participating in fishing activities, the agent must be able to present personal identification, including a photo ID, upon request. Be sure to include copies of cover letters introducing the proposal to your local Alaska Department of Fish and Game, (ADF&G) advisory committee, ADF&G area management biologist and Fish & Wildlife Protection office.

The fee of \$75 must be submitted with this form to the Entry Commission before February 1, 2012.

SUBMIT A CHECK OR MONEY ORDER MADE PAYABLE TO THE  
 STATE OF ALASKA OR IF PAYING WITH A CREDIT CARD  
 COMPLETE THE ATTACHED CREDIT CARD AUTHORIZATION.

**CFEC USE ONLY**

CFEC PERMIT NUMBER: \_\_\_\_\_

### Educational Institution Information:

Name of educational institution	Phone number	Contact person and title
Permanent mailing address	Type of institution, vocational, etc...	Date originally accredited
City	State	Zip
Name and address of certifying Institution	Temporary mailing address for these permits	
Fishery resource to be harvested	City	State      Zip
Types of gear to be fished	Areas to be fished	
	ADF&G numbers of vessel(s) to be fished	
	Number of permits needed	

### Agent Information (continued on next page) Agents designated to use the permit:

Name	Social security number	Birth date	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Agent Information: (continued)** Agents designated to use the permit

Name	Social security number	Birth date	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Program Information:**

Please describe the study plan, courses to be offered and topics covered, schedule of classes, and names of instructors. Attach a copy of the program outline, if available.

**ANTICIPATED BUDGET FOR PROGRAM:**

Item	Amount	Description
Travel	\$ _____	_____
Food/Lodging	\$ _____	_____
Fishing gear	\$ _____	_____
Vessel(s)	\$ _____	_____
Fuel	\$ _____	_____
Instructor Salaries	\$ _____	_____
Student Stipends	\$ _____	_____
Insurance	\$ _____	_____
Supplies & Equipment	\$ _____	_____
Miscellaneous	\$ _____	_____
<b>TOTAL BUDGET</b>	<b>\$ _____</b>	

**Certification:**

I certify under penalty of perjury and subject to permit revocation, all of the information contained within this application is true and correct and that this institution meets the requirements for permit issuance stated in AS 16.43.340-390 and the regulations of the Commercial Fisheries Entry Commission.

\_\_\_\_\_  
Signature of authorized agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

EDUCATIONAL PERMIT AGENT DESIGNATION FORM

Name of Institution \_\_\_\_\_

Name of agent \_\_\_\_\_

Mailing address of agent: \_\_\_\_\_

\_\_\_\_\_  
Height                                      Weight                                      Eye color                      Hair color                                      Date of birth

Is authorized to use the educational area permit to harvest:

\_\_\_\_\_  
Fishery resource                                      Legal gear                                      Administrative area

Under penalty of perjury I certify that all the information contained herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Authorized agent signature                                      Title                                      Date

\_\_\_\_\_  
Instituton representative signature                                      Title                                      Date

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## Credit Card Authorization

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I authorize the Commercial Fisheries Entry Commission to charge the card indicated on this authorization. This payment is for the items listed below, for the amount indicated below and is valid for a one time use. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company as long as the transaction corresponds to the information indicated on this form.

### Please complete the information below:

*NOTE: IF THERE ARE ANY PROBLEMS WITH THIS AUTHORIZATION INCLUDING THE CREDIT CARD NUMBER YOU WILL BE REQUIRED TO SUBMIT A NEW AUTHORIZATION AS THE ENTRY COMMISSION DOES NOT RETAIN CREDIT CARD INFORMATION.*

List the items below that you want to pay for:

Permit fees: \$ \_\_\_\_\_

List all permit number(s) you are paying for: \_\_\_\_\_

Vessel fees: \$ \_\_\_\_\_

List all vessel ADF&G numbers you are paying for: \_\_\_\_\_

Transfer fees: \$ \_\_\_\_\_

List the permit number(s) you are paying for: \_\_\_\_\_

*\*NOTE: Transfer fees are for permit or vessel permit transfers only\**

**If you want your licenses express mailed you must check both spaces below:**

\_\_\_\_\_ Yes, please express mail my licenses, I agree to pay the service fee of \$15.00.

\_\_\_\_\_ Yes, I have checked the USPS website for the current rate of express mail postage and agree to pay the current rate.

Total fees to be charged on my credit card \$ \_\_\_\_\_

Card holder name: \_\_\_\_\_

Signature of card holder: X \_\_\_\_\_ Date: \_\_\_\_\_

Account type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER

Expiration Date: \_\_\_\_\_

Credit card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_