

# Commercial Fisheries Entry Commission 2012 Special Harvest Area 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 Hatchery permit. Complete the special harvest area 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 an 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.

The fee of \$75.00 for each hatchery must be submitted with this form.

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: \_\_\_\_\_

## Hatchery Information:

Organization name

Phone number

Contact person

Permanent mailing address

Hatchery name

Hatchery location

City

State

Zip

Type of gear to be fished

Fishery resources to be harvested

ADF&G number of vessel(s) being fished

Areas to be fished

Number of cards needed

PNP hatchery permit number

Temporary mailing address for these permits

City

State

Zip

## Certification

I certify under penalty of perjury and subject to permit revocation that all of the information contained herein is true and correct and that this hatchery meets the requirements for permit issuance stated in AS 16.43.400-440 and regulations of the Commercial Fisheries Entry Commission.

Signature

Title

Date

NAME \_\_\_\_\_ SSN # \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_  
ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ SSN # \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_  
ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ SSN # \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_  
ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ SSN # \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_  
ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ SSN # \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_  
ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ SSN # \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_  
ADDRESS \_\_\_\_\_



# Commercial Fisheries Entry Commission

## 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 #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_