

#### **STATE OF ALASKA**

#### **Commercial Fisheries Entry Commission**

P.O. Box 110302 Juneau, Alaska 99811-0302

Phone: (907) 789-6160

Fax: Not Accepted / Call for Assistance Website: www.cfec.state.ak.us

## REQUEST FOR RELEASE OF FISH TICKET INFORMATION TO A THIRD PARTY

The undersigned permitee holds (or has held) limited entry or interim-use permits issued by the Alaska Commercial Fisheries Entry Commission (CFEC). By signing and submitting this form to CFEC, the permitee authorizes the person designated below (as Third Party) to receive and use confidential data that CFEC will release directly to that person.

— Permit Holder Information ————————————————————————————————————								
Permit Holder Name CFEC ID		Telephone Number						
Mailing Address			Social Security N	Number				
City	State	Zip Code	Email Address  Check here if you want a copy of the data emailed to you.					
_ Information	Requested _							
					k the appropriate box and enter			
permit or vessel numbers if applicable. The earliest year fish tickers Specific Year (s)  Year (s): No Data for 2024		-	rmit #	Specific Vessel(s):	ADF&G Number			
All Permits All Yea	rs Date aut	horization to rele	ease fish ticket dat	a expires:				
(Not less than 30 days and not more than one year from the date this form is notarized.)								
Third Pa	rtv —							
	,							
Name of Authorized Individual or Representative			Telephone Number					
Mailing Address			Email Address					
014		☐ Check here to have data emailed to Third party.						
City	State	Zip Code						
understand that intentionally making a f	alse claim on this form or intentionally su suspension of fishing privileges, and revoca	bmitting false documenta	tion in support of my request	t is a crime punishable by up to	rribes the terms and conditions of my request. I one year of imprisonment and/or a \$25,000 fine and from any liability or loss that may arise from the			
Notary								
Signature of Permit Holder  Notary Seal or Stamp Here								
Subscribed and sworn to before me this day of, 20  My Commission expires								
wy Commission expires	Month/Day/Year	Notary or Ala	askan Postmaster					

Please enclose a check or money order for \$55.00 payable to State of Alaska



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Juneau, Alaska 99811-0302

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# Method of Payment Form

CHECK OR MONEY ORDER

**CREDIT CARD** 

Please remit \$55.00. Please make checks payable to: State of Alaska

CREDIT CARD INFORMATION	[:				
VISA	MASTERCARD	MASTERCARD		DISCOVER	
Name on credit card	Card holder phone number				
Credit card billing address		City	State	Zip	
Credit card number		Expiration date	_	3 Digit security code	
Signature of card holder:		Copy of receipt:	: Email	Mail None	