

Commercial Fisheries Entry Commission 2024 Reduced Permit Fee Application PO Box 110302 Juneau, AK 99811-0302 Phone: 907-789-6150 Toll Free: 1-855-789-6150 Fax: 907-789-6170 Website: www.cfec.state.ak.us

Part A: General Information:

A reduced fee for the annual renewal of a commercial fishing permit is available to qualified low-income applicants. Your eligibility is measured based on whether you currently meet federal poverty guidelines as stated in AS 16.43.160(d).

If you qualify for, or are currently receiving food stamps, you automatically qualify for the reduced fee. If you are not receiving food stamps, you can determine your eligibility by going to the following website and following their instructions: <u>https://health.alaska.gov/dpa/Pages/SNAP/default.aspx</u>.

If the applicant is a dependent minor, eligibility for the reduced fee is based on total family income.

Federal Income Guideline Table:

Number in family	Alaska	Lower 48 states	Hawai'i
1	\$16,090	\$12,880	\$14,820
2	\$21,770	\$17,420	\$20,040
3	\$27,450	\$21,960	\$25,260
4	\$33,130	\$26,500	\$30,480
5	\$38,810	\$31,040	\$35,700
6	\$44,490	\$35,580	\$40,920
7	\$50,170	\$40,120	\$46,140
8	\$55,805	\$44,660	\$51,360
For each additional			
member add:	\$5,680	\$4,540	\$5,220

Part B: Reduced Fee:

Please note that the reduced fee is <u>one-half of the current base fee</u> for each permit. Reduced fees are rounded down to the nearest whole dollar.

EXAMPLE: If the permit fee is \$75, the reduced fee would be \$37.

In addition to the reduced annual base fee, a nonresident who qualifies for a reduced fee must pay the full annual nonresident differential of \$190 for the first permit renewed for 2023.

Part C: Instructions:

The completed application packet must have the following:

- □ Reduced Permit Fee Application (this form);
- $\hfill\square$ Annual renewal form; and
 - A copy of your food stamps and/or eligibility determination as well as a copy of your Quest card. (If you do not have current documentation, call your caseworker to get copies of the necessary documentation before you send in this application. You can also determine your eligibility by going to the following website: <u>https://health.alaska.gov/dpa/Pages/SNAP/default.aspx</u>.)

Submit your application by either fax or email to: <u>dfg.cfec.licensing@alaska.gov</u>

Part D: Reduced Fee Qualification:

After reviewing the guidelines above, check the box below indicating your eligibility for the reduced fee.

□ I certify that I qualify to pay the reduced fee based upon my qualification for food stamps. This qualification is indicated by a copy of my eligibility determination, and a copy of my Quest card.

Name

Signature

Date

In accordance with AS 16.05.815 personal information required on this form may be used for fisheries research, management, and licensing purposes and may be disclosed to the following: Alaska Department of Fish and Game, the National Marine Fisheries Service, employees of the Pacific States Marine Fisheries Commission who are employed by the Alaska Fisheries Information Network Project, the North Pacific Fisheries Management Council, Department of Public Safety, Department of Revenue, and to other agencies or individuals as required by law or court order. Name, address, and licenses held are public information that may be released.