



STATE OF ALASKA
COMMERCIAL FISHERIES ENTRY COMMISSION
P.O. BOX 110302
Juneau, Alaska 99811-0302

Phone: (907) 789-6160
 Fax: Not Accepted/Call for Info
 Website: www.cfec.state.ak.us

This form and payment must be mailed to the address provided above. No documents will be sent until these have been received. Please complete every item on the form that applies, and print legibly or type, failure to do so may cause delays in the release of your records.

REQUEST FOR FISH TICKET INFORMATION

Permit Holder Information

_____			_____	
Permit Holder Name			Telephone Number	
_____			_____	
Mailing Address			CFEC number or Social Security Number	
_____			_____	
City	State	Zip Code	Email Address for Copy (optional)	

Permit Information

You may request catch history information for all years for all permits you've held, or for specific permits or years. Check the appropriate box and enter year(s) and permit number(s) if applicable. The earliest year fish ticket data is available is 1975.

All permits held, catch history for all years fished

Specific permit(s), specific year(s)

Year (s)	Permit #
No Data for 2022	

All permits held, catch records for specific year(s)

Year (s)

Certification: I swear, under penalty of perjury, that the information provided by me on this form and in all supporting documents is true, complete, and accurately describes the terms and conditions of my request. I understand that intentionally making a false claim on this form or intentionally submitting false documentation in support of my request is a crime punishable by up to one year of imprisonment and/or a \$25,000 fine and may subject me to administrative fines, suspension of fishing privileges, and revocation of any permit I may hold.

Notary

Signature of Permit Holder	
Subscribed and sworn to before me this _____ day of _____, 20 _____.	
My Commission expires _____	_____
Month/Day/Year	Notary or Alaskan Postmaster

NOTARY STAMP HERE

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



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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

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__