



Commercial Fisheries Entry Commission Immediate Fishing Application

PO Box 110302
Juneau, AK 99811-0302
Phone: 907-789-6150
Toll-Free: 1-855-789-6150
Fax: 907-789-6170
www.cfec.state.ak.us

Please use this form **only** if the permit or vessel has not been renewed for the current year and the permit holder or vessel owner needs to fish immediately. A copy of this completed form may be used as a temporary permit and/or vessel license for 14 days only if the bottom of this form is validated by an employee of the Commercial Fisheries Entry Commission (CFEC). The permit and/or vessel fees must be paid in addition to an \$80.00 processing fee. For payment, please complete the attached credit card authorization form. **All sections of this form must be completed to avoid delays in processing.**

Applicant Information:

Name _____ CFEC ID # _____ Date of Birth _____ Social Security _____ Email Address _____ Phone _____ (check box if unlisted)

Permanent Mailing Address _____ City _____ State _____ Zip _____

Temporary Mailing Address (for this permit) _____ City _____ State _____ Zip _____
CITIZENSHIP: US Citizen Alien Reg. # _____ (Aliens must enclose copy of green card)

RESIDENCY INFORMATION: (failure to provide requested information may result in assessment of a nonresident fee differential)

Please carefully review the following definition of residency:

"For the purpose of assessing fees for the application for, annual issuance of, or renewal of entry and interim-use permits, an individual is a resident of this state if, on the date of permit application, issuance, or renewal, and throughout the 12-month period before that date, that individual maintained their domicile in this state and neither claimed residency in another state, territory, or country nor obtained benefits under a claim of residency in another state, territory, or country." 20 AAC 05.290.

Do you qualify as an Alaska resident under this definition? YES NO

If you claim Alaska residency, please provide some additional information for verification:

1. What is your current physical address? (no PO boxes) _____
2. Within the previous 365 days, have you resided anywhere else? YES NO If yes, where?: _____
3. Do you have a current Alaska driver's license or other Alaska ID? YES NO If yes, provide number: _____

Permit/Vessel Information: Provide a fax number or email address below so the form can be returned for immediate use:

Fax Number: _____ Email Address: _____

CFEC FISHERY	PERMIT NUMBER/ALPHA	CFEC USE ONLY /YEAR/SEQUENCE/ALPHA	ADFG NUMBER	PERMIT FEE
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ADFG NUMBER	VESSEL NAME	USCG OR REGISTRATION NUMBER	OVERALL LENGTH	VESSEL FEE
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**If this vessel has never had an ADFG number, you must submit a current vessel license application

Nonresidents are required to pay an annual nonresident differential of \$190 with issuance of their first 2023 permit: \$ _____
Immediate Fishing Fee: \$ _____
Total Fees Due: \$ _____

Certification: Please complete this portion to avoid delays in processing the application.

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.

Signature of Permit Holder _____ Date _____
(Authorization must be attached if signed or picked-up by someone else)

**PLEASE MAKE SUFFICIENT COPIES OF
THIS FORM TO PROVIDE WITH EACH
LANDING TO THE PROCESSOR**

CFEC must authorize the permit holder and/or vessel operator to begin fishing with a copy of this page. If it is after business hours, you must send an email to dfg.cfec.licensing@alaska.gov. Once the email is received a determination will be made and you will be contacted as soon as possible.

Signature of Agent _____ Name and Title _____ Date Valid _____ Valid Through _____

NOTICE REGARDING PERSONAL INFORMATION: Under AS 16.43.100, the Commercial Fisheries Entry Commission (CFEC) requests the information on this form so that CFEC can process your licensing request. You must provide the requested information for processing of your licensing request; if you do not provide all of the requested information, CFEC may deny your request. To the extent permitted by state and federal law, CFEC may share the requested information with other state and federal agencies for the purpose of determining whether to grant your request and for law enforcement and other governmental purposes. Also, unless an exception applies (e.g. for medical information) requested information may be subject to disclosure under AS 40.25.110-AS 40.25.120. To challenge under AS 40.25.310 the accuracy or completeness of your personal information that CFEC maintains, please send the following information to Attn: CFEC Records Officer, PO Box 110302, Juneau, AK, 99811: a description of the challenged information; the records that contain the information; the changes necessary to make the information accurate or complete; and the address where CFEC can contact you.



Commercial Fisheries Entry Commission Credit Card Authorization

PO Box 110302
Juneau, AK 99811-0302
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Fax: 907-789-6170
www.cfec.state.ak.us

I authorize the Commercial Fisheries Entry Commission (CFEC) to charge the card listed below. This payment is only valid for the items and amount listed.

Please indicate the permit and/or vessel numbers in the space provided and the total amount you are authorizing your card to be charged.

FEES TO BE CHARGED TO CARD		
Item(s)	Enter Permit & Vessel Numbers	Fee Amount
Permit(s):		\$
Vessel(s):		\$
Transfer Fees (\$50):		\$
Duplicate Fees (\$20):		\$
Immediate Fishing (\$80):		\$
Check here to have your licenses express mailed and that you agree to pay the current USPS express mail rate PLUS the CFEC service fee of \$15.00.		
Total amount to be charged		\$

Name of Cardholder: _____

Cardholder Phone Number: _____

Cardholder Signature: _____ Date: _____

Card type: Visa Mastercard Discover

Expiration Date: ____ / ____

Credit Card #: _____ - _____ - _____ - _____

DO NOT EMAIL THIS FORM. PLEASE FAX OR MAIL FORM.