



# Commercial Fisheries Entry Commission Request for Duplicate Licenses

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 to request a replacement permit card, vessel triangle metal plate, vessel license receipt or a vessel license sticker if the original issued license for the current calendar year has been lost, not received in the mail, stolen or damaged. This form must be signed, notarized and mailed/faxed to the Commercial Fisheries Entry Commission (CFEC) with the appropriate fees. Please submit payment by check, money order or use the attached credit card authorization. All sections of this form must be complete to avoid delays in processing.

### Applicant Information:

Applicant's Name: \_\_\_\_\_ CFEC ID#: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Check if Unlisted \_\_\_\_\_

Temporary Mailing Address (for these licenses): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Information: When the duplicate is approved the original license becomes VOID and is ILLEGAL for use.

Indicate what happened to the license(s)    Lost    Not Received In The Mail    Stolen    Damaged

Provide a fax number or email address below for this form to be returned to for immediate use for fishing:

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permit Card: \_\_\_\_\_ FEE  
CFEC FISHERY    PERMIT NUMBER/ALPHA    CFEC USE ONLY/YEAR/SEQUENCE/ALPHA    ADFG NUMBER    \$20.00

Permit Card: \_\_\_\_\_ \$20.00  
CFEC FISHERY    PERMIT NUMBER/ALPHA    CFEC USE ONLY/YEAR/SEQUENCE/ALPHA    ADFG NUMBER

Vessel Triangle Metal Plate: \_\_\_\_\_ \$20.00  
ADFG NUMBER    VESSEL NAME    USCG OR REGISTRATION NUMBER    OVERALL LENGTH

Vessel License Receipt: \_\_\_\_\_ \$20.00\*  
ADFG NUMBER    VESSEL NAME    USCG OR REGISTRATION NUMBER    OVERALL LENGTH

Vessel Sticker: \_\_\_\_\_ \$20.00\*  
ADFG NUMBER    VESSEL NAME    USCG OR REGISTRATION NUMBER    OVERALL LENGTH

\* Please note that if you are applying for a duplicate vessel license and sticker there is only one \$20 fee required.

Salmon Net Area Tab: \_\_\_\_\_ NO FEE  
AREA

**Certification:** I certify that I am the:    Permit holder    Vessel owner    \*Agent or representative    Other (explain) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*Authorization must be attached if signed or picked-up by someone else

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

Notary Public (or Postmaster in Alaska) \_\_\_\_\_ Commission expires \_\_\_\_\_

**CFEC staff must authorize the permit holder and/or vessel operator to begin fishing with a copy of this page.** If it is after business hours, please send an email to [dfg.cfec.licensing@alaska.gov](mailto: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 \_\_\_\_\_ Name and Title \_\_\_\_\_ Date Valid \_\_\_\_\_ Valid Through \_\_\_\_\_



# Commercial Fisheries Entry Commission Credit Card Authorization

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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 <b>PLUS</b> 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.