



Commercial Fisheries Entry Commission Request for Permanent Transfer by Right of Survivorship

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

General Information:

Transferable limited entry permits survive the death of the permit holder. The permit may be transferred directly to the surviving spouse by right of survivorship unless the deceased permit holder expressed a contrary intent in a will which has been probated. To receive the permit the surviving spouse does not have to be physically able to fish or intend to fish the permit.

If the permit is to be transferred to someone other than the surviving spouse, the authorized representative of the estate may make final disposition of the permit by providing a copy of letters of appointment or administration along with the transfer form.

There are permits in a few fisheries which CANNOT be permanently transferred because they were issued under the "minor economic hardship" provisions of the regulations. These nontransferable permits revert to the State upon the death of the holder (or when the holder stops paying renewal fees) and they are NOT reissued.

Instructions:

To request a transfer by right of survivorship, the surviving spouse must:

- Complete the entire transfer form.
- Have their signature notarized and submit the form within 90 days of the notary date.
- Submit a copy of the death certificate and the will (if the deceased permit holder had one).
- Submit the current year permit card (if issued).
- Submit a \$50.00 transfer fee.

At least 90 days must have lapsed from the date of death before the Commercial Fisheries Entry Commission can permanently transfer the permit.

Payment Information:

Payment may be made using the attached credit card authorization and submitted via mail or fax. We accept Mastercard, Visa, and Discover. We also accept checks, money orders, and cashier's checks.



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Please allow up to 2 weeks for processing

Please complete all sections below and submit with the \$50.00 transfer processing fee, the current year permit card if it has been issued, a copy of the death certificate and a copy of the will, if there is one.

Date Approved: _____ Transfer Officer: _____

DECEASED PERMIT HOLDER INFORMATION:

Name of Deceased Permit Holder (please print clearly) _____ Permit Number _____
CFEC ID Number _____

SURVIVING SPOUSE INFORMATION:

Name of Surviving Spouse (print clearly) _____ Social Security Number _____ Date of Birth _____ ADFG Number _____
Permanent Mailing Address _____ City _____ State _____ Zip _____
Phone Number _____ Check if unlisted Email Address _____ CITIZENSHIP: US Citizen Alien Reg # _____
(You must enclose copy of your card)
Temporary Mailing Address (for mailing of this permit) _____ City _____ State _____ Zip _____

RESIDENCY INFORMATION:

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: _____

1. Did the deceased leave a will? _____ NO _____ YES If yes, please submit a copy of the will.
2. I certify that I am physically able to harvest fish in the fishery and would like a card issued to me ___NO ___YES
3. I am not physically able to fish the permit and I intend to _____ the permit.
Please explain what your intentions are for the permit _____

AFFIDAVIT: I swear under penalty of perjury that all of the foregoing statements are true. I understand that making a false claim on this form is a crime under AS 11.56.210 which is punishable by up to one year in prison and/or a \$5,000.00 fine, and may subject me to administrative fines, suspension of fishing privileges and revocation of any entry permit I may hold.

Surviving Spouse Signature

Subscribed and sworn to before me on _____, 20____, at _____

Notary Public (or Postmaster in Alaska) My Commission Expires _____

Under AS 16.05.815 and AS 16.05.480, social security numbers and other information provided on this form may be used for fisheries research, management and licensing purposes and may be disclosed to: the Alaska Department of Fish and Game, the National Marine Fisheries Service, staff of the Pacific States Marine Fisheries Commission who are employed by the Alaska Fisheries Information Network project, the North Pacific Fishery Management Council, child support enforcement agencies for child support purposes and other agencies or individuals as required by law or court order. Name, address, and licenses held are public information that may be released.



Commercial Fisheries Entry Commission Credit Card Authorization

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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):		\$
<p>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.</p>		
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.