



# Commercial Fisheries Entry Commission Request for Reissue and Transfer of Foreclosed Entry Permit

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 ALLOW UP TO 2 WEEKS FOR PROCESSING

Please complete all sections and pages of this form and submit with the \$50.00 transfer processing fee, the transfer agreement and bill of sale or contract stating the terms of this request. To avoid delays in processing, please complete all sections of this form and submit all documents requested.

Date Approved: \_\_\_\_\_ Transfer Officer: \_\_\_\_\_

#### **PERMIT INFORMATION: Must be completed by the current permit holder**

A request is hereby made for the entry permit number, \_\_\_\_\_, to be permanently transferred to the transferee listed on this form.

The above referenced entry permit was properly foreclosed on by the Department of Commerce, Community and Economic Development under AS 16.10.335 or the Alaska Commercial Fishing and Agriculture Bank (CFAB) under AS 44.81, and the proposed transferee meets the qualifications for permanent transfer and reissuance of the permit in question and as outlined in AS 16.10.333 - 16.10.338 or AS 44.81.225, and 44.81.231- 44.81.250

#### **TRANSFEEE INFORMATION: Must be completed by the proposed transferee**

Name of Transferee (print clearly) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ ADFG Number \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_ check box if you want phone # and email unlisted: \_\_\_\_\_ CITIZENSHIP: US Citizen \_\_\_\_\_ Alien Reg# \_\_\_\_\_ (You must enclose a copy of your card)

#### **PERMIT RENEWAL INFORMATION:**

*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, did not claim residency in another state, territory, or country, and did not obtain benefits under a claim of residency in another state, territory, or country. For the purposes of this section, "domicile" means the true and permanent home of a person from which the person has no present intention of moving and to which the person intends to return whenever the person is away; domicile may be proved by presenting evidence acceptable to the commission.*

**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: \_\_\_\_\_

\*\*\*NOTE: If you answered 'no' to question 3, please provide a brief explanation of why you qualify as an Alaska resident

#### **REQUIRED INFORMATION:**

1. I certify that I am physically able to harvest fish in the fishery for which this permit is valid. YES NO
2. I have reasonable access to the commercial fishing gear used in this fishery. YES NO
3. I intend to fish this permit during the upcoming season. YES NO

\*\*NOTE: If you are not physically able to participate in the fishery or you do not plan on fishing the upcoming season, you will need to attach an explanation of your intent in acquiring this permit.

#### **AFFIDAVIT:**

#### **LEGAL OWNER OF PERMIT**

- Department of Commerce, Community & Economic Development  
 Alaska Commercial Fishing & Agriculture Bank

Permit Holder: \_\_\_\_\_ Signature \_\_\_\_\_ Transferee: \_\_\_\_\_ Signature \_\_\_\_\_

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

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

Commission Expires: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

## REQUIRED PERMANENT TRANSFER INFORMATION

The information requested in this survey is required for all transfers.

### **TO BE COMPLETED BY THE PROPOSED TRANSFEREE**

1. How did you locate this permit for permanent transfer? (check one answer)

- |                                                      |                                                       |                                                |
|------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Relative or personal friend | <input type="checkbox"/> Commission's list of permits | <input type="checkbox"/> Fish processor        |
| <input type="checkbox"/> Casual acquaintance         | <input type="checkbox"/> Broker                       | <input type="checkbox"/> Advertisement         |
|                                                      |                                                       | <input type="checkbox"/> Other (explain) _____ |

2. What is your relationship to the permit holder? (check one answer)

- |                                           |                                                     |                                                |
|-------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> None             | <input type="checkbox"/> Personal friend            | <input type="checkbox"/> Other relative        |
| <input type="checkbox"/> Business partner | <input type="checkbox"/> Member of immediate family | <input type="checkbox"/> Other (explain) _____ |

3. How is the permit being acquired? (check one answer)

- |                                                                            |                                |                                                |
|----------------------------------------------------------------------------|--------------------------------|------------------------------------------------|
| <input type="checkbox"/> Permit purchase only                              | <input type="checkbox"/> Gift  | <input type="checkbox"/> Inheritance           |
| <input type="checkbox"/> Combined purchase (with vessel, gear, site, etc.) | <input type="checkbox"/> Trade | <input type="checkbox"/> Other (explain) _____ |

4. What is the purchase price or trade value each item you will obtain in this transfer?

Permit \$ _____	Other \$ _____
Vessel \$ _____	(explain) _____
Gear \$ _____	
Site \$ _____	Total package \$ _____

5. What sources of financing are being used?

Personal Resources (incl. cash) \$ \_\_\_\_\_ If any person or entity is providing any money to help you pay for the permit, please provide the information requested below and you must submit your agreement with that person or entity in writing along with this completed transfer form.

Name and address of person or entity providing money: \_\_\_\_\_

Amount of money they are providing \$ \_\_\_\_\_

DCCED (Division of Economic Development) \$ \_\_\_\_\_

Fish Processor (you must submit the promissory note) \$ \_\_\_\_\_ Trade - list items and values \_\_\_\_\_

AK Comm Fish & Agri Bank (CFAB) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Bank or other lending institution (you must submit the promissory note) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Transferor (seller) \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

6. If permit is being transferred as a gift, is it being transferred with any terms or conditions? (check your answer)  NO  YES  
If yes, you MUST submit the agreement in writing.

7. Is there an agreement concerning future transfers of this permit? (check your answer)  NO  YES  
If yes, you MUST submit the agreement in writing.

8. Is there an agreement for you to pay the transferor a portion of your earnings from fishing the permit? (check your answer)  NO  YES  
If yes, you MUST submit the agreement in writing.

### **TO BE COMPLETED BY THE CURRENT PERMIT HOLDER**

1. Are you and/or the transferee using the services of a broker to transfer this permit? (check one answer)  NO  YES  
If yes, which firm or person is acting as broker? \_\_\_\_\_

2. How much are you paying in brokers fees for the permit sale? \$ \_\_\_\_\_

3. What is the net price you will receive from the sale of the permit? \$ \_\_\_\_\_

4. How is the purchase price to be paid to you? (check one answer)  In full at time of transfer  In periodic payments over time

5. What is your reason for transferring the permit? (check one answer)

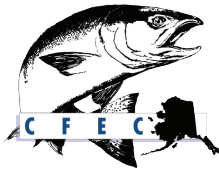
- |                                         |                                                             |                                                          |
|-----------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Retirement     | <input type="checkbox"/> Entering a different fishery       | <input type="checkbox"/> Fishing is no longer profitable |
| <input type="checkbox"/> Health problem | <input type="checkbox"/> To pursue a non-fishing occupation | <input type="checkbox"/> Other (explain) _____           |

**THIS SECTION IS OPTIONAL AND IS NOT REQUIRED** The section is protected by the Alaska Human Rights Law AS 18.80.255.

**What is your ethnic origin: (check your answers)**

Permit Holder	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____
Transferee	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____

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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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 <b>PLUS</b> 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.