



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

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 2024	_____
_____	_____
_____	_____

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__