Revised: 04/28/2005

Subsistence Halibut Community Harvest Permit (CHP) Log National Marine Fisheries Service

Commun	ity Harvest Permit C	oordinator						
Subsisten	ce Fisher Identificati	on			1			
Name (Fi	rst, Middle, Last)	Community of Re			y of Reside	ence		
Date of Birth		Tribal Affilia			tion		SHARC No.	
Did vou s	ubsistence fish for h	alibut during	the period in	ndicated on	the permit?	(Circle Y	es or No)	
-	mplete the following	-	_		г г	(
Date of	Local Water	IPHC	Halibut		Type of	No. of	No. of	No. of
Harvest	Body, Bay or Sound	Reg. Area	Number	Pounds	Gear Used	Hooks Set	Lingcod	Rockfish
G 1	T. 1 . 10							
Subsistence Fisher Identification Name (First, Middle, Last) C					Commenter of Devidence			
Name (F1	rst, Middle, Last)	Community of Residence				ence		
Γ	Date of Birth	Tribal Affiliation				SHARC No.		
	ubsistence fish for hamplete the following			dicated on	the permit?	(Circle Y	es or No)	
	Local Water		Halibut		Type of No. of		No. of No. of	
Date of Harvest	Body, Bay or Sound	IPHC Reg. Area	Number	Pounds	Gear Used	Hooks Set	Lingcod	Rockfish
		1		1	1			
	ce Fisher Identificati	on			T			
Name (Fi	rst, Middle, Last)				Community of Residence			
Date of Birth		Tribal Affilia			tion SHARC			ARC No.
-	ubsistence fish for h	-	_	ndicated on	the permit?	(Circle Y	es or No)	
	s, complete the following harvest information. Local Water IDLIC		Hal	ibut	Type of	No. of	No. of	No. of
Date of Harvest	Body, Bay or Sound	IPHC Reg. Area	Number	Pounds	Gear Used	Hooks Set	Lingcod	Rockfish

Thank you! Please mail the completed log to:
Restricted Access Management
NMFS, Alaska Region
P.O. Box 21668
Juneau, AK 99802-1668

Questions?

Call 1-800-304-4846 Fax 907-586-7354

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802-1668 (Attn: Lori Durall).

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) The NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to implement the Alaska Subsistence Halibut Program; 3) Federal law and regulations require and authorize NMFS to manage subsistence halibut programs in Alaska; 4) Submission of this information is mandatory for any tribe or community participating in directed fishing for Pacific halibut under the Community Harvest Permit Program; 5) This information is used to monitor the subsistence halibut program under the Northern Pacific Halibut Act of 1982; 6) Responses to this information request are not confidential.