OMB Control No. 1018-0075 Expires: XX/XX/XXXX Federal Subsistence Hunt Application Permit No. Unit(s) & Subunit(s) Federal Land Unit FEDERAL PERMIT Regulatory Year: UNIT(S): Date of Birth Applicant's Name (First, Middle Initial, Last) SEASON: HUNT NO: Physical Address Mailing Address PERMIT NO: **Hunt Conditions** 6 7 8 9 10 11 12 13 14 15 16 Community of Primary Residence City, State, Zip Code AK Hunting License No. Telephone Number Date Permit Issued (mm/dd/yy) Applicant's Signature (for minors, parent/legal guardian) Issuing Agent (Print) 8> I certify that I am a rural resident as defined by 50 CFR 100.4 and 36 CFR 242.4. I have read and understand the conditions on the permit and agree to comply with them and applicable regulations as found in 50 CFR 100 and 36 CFR 242. Federal Subsistence Harvest Report NON-TRANSFERABLE Permit No. UNIT: Permittee's Name <28 SEASON: 1. Did you hunt? Yes ___ No ___ 8 This permit must be in your Did you use a designated hunter where allowed? Yes ___ No ___ possession while hunting or Successful hunters must return their 8 2. A. How many days did you hunt? (by season if applicable) transporting the animal taken. permit report within day(s) after taking an animal. You must also show this permit to How did you get to hunt area? (Circle your primary method of getting Unsuccessful hunters and those who any person authorized to enforce to where you started walking.) did not hunt must return their permit Federal law who requests it. 1. Airplane 5. Snowmachine report within 2. Horse/Dog Sled 6. Other Offroad vehicle days after the close of the season. See back of permit for conditions. 3. Boat 7. Highway Vehicle 4. 3/4-Wheeler 8. No vehicle used Subunit Drainages Hunted Additional information for the species harvested Print NAME: Specific Locations Did you take an animal? Yes ___ No ___ Mile Post • or Specific Landmark) Date taken (mm/dd/yy) Α. **HUNTER'S SIGNATURE** B. Sex of animal: Male __ Female __ 4. PLEASE MAIL . Thank You for Your Cooperation.

Additional	Conditions	of the	Permit-

Additional Conditions of the Permit:

In accordance with the Privacy Act (5 U.S.C. 552a) and the Paperwork Reduction Act (44 U.S.C. 3501), please note the following information. This information collection is authorized by the Alaska National Interest Lands Conservation Act and associated regulations. The Federal Subsistence Board will use this information to manage fish and wildlife resources for subsistence uses. It is our policy not to use your name for any other purpose. We will maintain this information in accordance with the Privacy Act. Your response is voluntary, but is required to obtain or retain a benefit. We may not conduct or sponsor and you are not required to respond to an information collection unless it displays a currently valid OMB control number. OMB has approved this information collection and assigned OMB Control No. 1018-0075. We estimate it will take you about 15 minutes to complete the application and record your harvest. This burden estimate includes time for reviewing instructions, gathering data, and completing and reviewing the form. You may direct comments regarding the burden estimate or any other aspect of the form to the Service Information Collection Clearance Officer, Fish and Wildlife Service, Mail Stop 222, Arlington Square, Department of the Interior, 1849 C Street, NW., Washington D.C. 20240.

Return	Address		on a sa
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NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

Wildlife needs your cooperation

Good management helps ensure that animals will be available to hunt in future years.

Harvest information is a tool that can be used to help understand and maintain healthy wildlife populations, thereby providing for continued subsistence opportunity.

BUSINESS REPLY MAIL

FIRST CLASS MAIL

PERMIT NO. 12874

ANCHORAGE AK

POSTAGE WILL BE PAID BY ADDRESSEE

Address

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