Federal Subsistence Fishing Application, Permit, and Harvest Report

Regulatory Year:

OMB Control No. 1018-0075 Expires: XX/XX/XXXX

Description:						Season:		
Applicar	nt's Name (First,	Middle Initial, L	ast)	Date of Birth	Permit#			
Vailing	Address			Physical Address				
City, Sta	ate, Zip Code		Community of Primary Residence					
K Driv	ers License # or	other acceptabl	e ID Telep	Telephone Number(s)		Date Permit Issued (mm/dd/yy)		
House	ehold members	designated to fis	sh with this F	Permit (must be Federa	illy-qualified	I subsistence users)		
lame			DOB	Name		DOB		
Name D			DOB	OB Name		DOB		
ame			_ DOR	Name		DOB		
Applicant's Signature Issuing Agent (Print)								
	Subsistence Har	*/**/*/***/*/*/************************		here if you did not fish Number	nber Othor			
Day	Location			Harveste	<u>d</u>	Otter		
	7227				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	***************************************		***************************************					
	*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		***************************************		***************************************		
5			1)	1			

**** Attach additional sheets if necessary ****

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.

Permit Conditions:				
t chine containons.				
		the state of the s	enerseensse transcentration (Assesse Lucine Laboration (Assesse Lucine L	
Fold on this line (second) - After I	making the folds, tape this flap to the bottom of the left	ter, making sure that the return address is visi	ipie.	
and Policy				
				,
		· Mariana in the state of the s		
Fold on this line (first)				
			11 1 1	
Return Address				NO POSTAGE NECESSARY
				IF MAILED IN THE UNITED STATES
				ONTEDSTATES
	BUSINESS R	FPIV MAII	ALTERNATIVE CONTRACTOR	
	FIRST CLASS MAIL PERMIT NO. 12		THE PROPERTY OF THE PROPERTY O	
	POSTAGE WILL BE PAID BY	· ·		
	Address			
		Post Office Bar Code		