

Federal Subsistence Customary Trade Record Keeping Form

Description:

Season:

| | | | |
|--|---------------------|--------------------------------|----------|
| Applicant's Name (First, Middle Initial, Last) | | Date of Birth | Permit # |
| Mailing Address | | Physical Address | |
| City, State, Zip Code | | Community of Primary Residence | |
| AK Drivers License # or other acceptable ID | Telephone Number(s) | Date Permit Issued (mm/dd/yy) | |
| Applicant's Signature X | | Issuing Agent (Print) | |

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.

Household members designated to fish with this Permit (must be Federally-qualified subsistence users)

| | | | |
|------------|-----------|------------|-----------|
| Name _____ | DOB _____ | Name _____ | DOB _____ |
| Name _____ | DOB _____ | Name _____ | DOB _____ |
| Name _____ | DOB _____ | Name _____ | DOB _____ |

Federal Subsistence Fishing Permit # for Applicant: _____

Federal Subsistence Customary Trade Report Check here if no sales took place **Report Due by:**

| Date of Sale | Buyers Name | Buyers Address | Species | Number of Total Fish: | | | Dollar Amount |
|--------------|-------------|----------------|---------|-----------------------|------------|------|---------------|
| | | | | Fish | Fish Parts | Eggs | |
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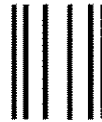
In accordance with the Privacy Act (5 U.S.C. 552a) and the Paperwork Reduction Act (44 U.S.C. 3501), please note the following information. This information collection is authorized by the Alaska National Interest Lands Conservation Act and associated regulations. The Federal Subsistence Board will use 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:

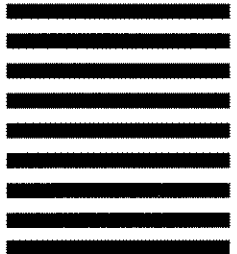
Fold on this line (second) - After making the folds, tape this flap to the bottom of the letter, making sure that the return address is visible.

Fold on this line (first)

Return Address



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 12874 ANCHORAGE AK

POSTAGE WILL BE PAID BY ADDRESSEE

Address

Post Office Bar Code