

Federal Subsistence Hunt Application

Permit No. _____

Unit(s) & Subunit(s)	Federal Land Unit		
Applicant's Name (First, Middle Initial, Last)		Date of Birth	
Mailing Address		Physical Address	
City, State, Zip Code		Community of Primary Residence	
AK Hunting License No.	Telephone Number	Date Permit Issued (mm/dd/yy)	
Applicant's Signature (for minors, parent/legal guardian) 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.

Federal Subsistence Harvest Report

Permit No. _____
 Permittee's Name _____

1. Did you hunt? Yes ___ No ___
 Did you use a designated hunter where allowed? Yes ___ No ___
2. A. How many days did you hunt? (by season if applicable) _____
 B. How did you get to hunt area? (Circle your primary method of getting to where you started walking.)

1. Airplane	5. Snowmachine
2. Horse/Dog Sled	6. Other Offroad vehicle
3. Boat	7. Highway Vehicle
4. 3/4-Wheeler	8. No vehicle used
- C. Subunit _____ Drainages Hunted _____
- D. Specific Locations _____
- E. Did you take an animal? Yes ___ No ___
3. A. Date taken _____ (mm/dd/yy)
 B. Sex of animal: Male ___ Female ___
4. PLEASE MAIL • Thank You for Your Cooperation.

NON-TRANSFERABLE

UNIT: _____
 SEASON: _____

Successful hunters must return their permit report within _____ day(s) after taking an animal. Unsuccessful hunters and those who did not hunt must return their permit report within _____ days after the close of the season.

Additional information for the species harvested

OMB Control No. 1018-0075

Expires: XX/XX/XXXX



FEDERAL PERMIT

Regulatory Year: _____

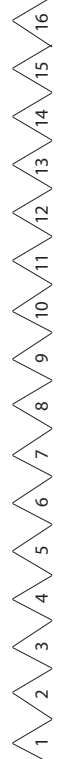
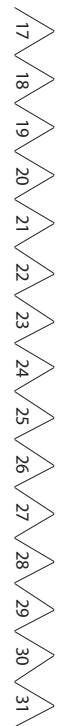
UNIT(S): _____

SEASON: _____

HUNT NO: _____

PERMIT NO: _____

Hunt Conditions

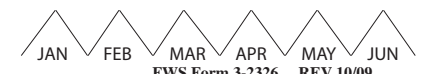


This permit must be in your possession while hunting or transporting the animal taken. You must also show this permit to any person authorized to enforce Federal law who requests it.

See back of permit for conditions.

Print NAME: _____

X _____
 HUNTER'S SIGNATURE



Additional Conditions of the Permit:

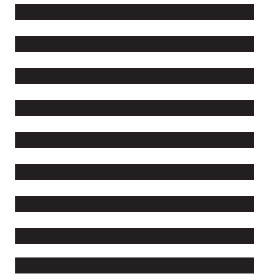
Additional Conditions of the Permit:

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 2042-PDM, Arlington Square, Department of the Interior, 1849 C Street, NW., Washington D.C. 20240.

Return Address



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

Post Office Bar Code