Federal Subsistence Designated Hunter Application Permit No.						DESIGNATED HUNTER							
					-	FEDE				١			
Unit(s) & Subunit(s)	t(s) Federal Land Unit					11	NIT:	NAL I	LIVI	111			
Applicant's Name (First, Middle Initial, Last)					Date of Birth			_ P	ERMIT NO: PECIES:				
Mailing Address				Phy	Physical Address				vested nale				
City, State, Zip Code					Community of Primary Residence				Animals Harvested Male Female				
AK Hunting License No.			er	Date Permit Issued (mm/dd/yy)									
Applicant's Signature (for minors, parent/legal guardian)					Issuing Agent (Print)			-	Drainage or Specific Location				
I certify that I am a rural resider and understand the conditions	on the permit and agre							-	ı <u>i</u>				
regulations as found in 50 CFR Federal Subsist		st Re	port		Permit No.			nted:		.			
Federal Subsistence Harvest Report Permit No.  Permittee (Name) Community: Check box if you did not hunt as a Designated Hunter						You Hu	Harvest Ticket/ Permit #						
List All Other Persons for	Whom You Hunte	d:						Whom	Harve				
Name AK Hunti License		Harvest Ticket/ Permit #	Subunit/ Unit	Drainag	e or Specific Location		Number of Animals Harvested Male Female	t All Other Persons for Whom You Hunted:	Hunting License #				
								List All Othe	Name				
									Z			I	
								Pri	nt NAME:				
								X					_
PLEASE MAIL • Thank You	ı for Your Cooperat	tion.							HUNTER'S	SIGNA	ATURE		

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

Additional	Conditions	of the Permi	i+

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