Federal Subsistence Regional Advisory Council Membership APPLICATION/NOMINATION FORM

APPLICANT'S FULL NAME: MR./MS.:			
FIRST	MIDDLE	LAST	
Full mailing address:		Contact Information:	
and the same of th		Home: (907)	
		Work: (907)	
		Fax: (907)	
		E-mail:	
		Birthdate:	
the region they represent.)	LOWING OUTSTIONS (AT	ACU ADDITIONAL DACES IS NEEDE	D).
PLEASE ANSWER THE FUL	LOWING QUESTIONS (AT	ACH ADDITIONAL PAGES IF NEEDE	:(ر
1) Describe your (or nomine	ee's) knowledge of fish and	wildlife resources in the region.	
2) Describe your (or nomine resources in the region.	ee's) knowledge of subsiste	nce and customary and traditional us	ses of
3) Describe your (or nomine and wildlife resources in		uided sport, commercial and other us	es of fish

4) Do you (or nominee) participate in meetings on fish and wildlife issues (for example, meetings of State fish and game advisory committees, Federal subsistence regional advisory councils, commercial or sport hunting or fishing organizations, marine mammal commissions, tribal or corporation resource use groups, caribou working groups, subsistence resource commissions, coastal resource service areas, waterfowl conservation committees)? If so, please describe your (or nominee's) involvement.
5) Have you (or nominee) served in an official capacity on councils, boards, committees, or associations within the past 10 years? If yes, please describe the role you served while working with these groups (i.e. Chair, Vice Chair, member).
6) The seat you are applying for represents users throughout the region. How would you (or nominee) find out about fish and wildlife concerns people have and get information back to those people?
7) Do you (or nominee) use Federal lands for hunting, trapping, fishing, guiding or transporting, gathering, teaching of traditional knowledge, or other use of fish and wildlife resources? If yes, please describe which Federal lands you use:
8) Will you (or nominee) travel to and attend Regional Advisory Council meetings at least two times each year? (Regional Advisory Council meetings are usually held in October and February. Transportation and lodging are pre-paid; per diem is provided for food and other expenses.) Yes No
9) Are you (or nominee) willing to attend Federal Subsistence Board meetings occasionally? (Board meetings are usually held in December or January. Transportation and lodging are pre-paid; per diem is provided for food and other expenses.) Yes No

(Chack ONE anly)) a. subsistence	h commercial/enert	
(Check ONE only!)	a. subsistence	b. commercial/sport	
If you are nominating th	e applicant, please provide yo	ur name, your title, and your organization.	
Your Name and Title		Organization	
		ces and their contact information. If you wish, you de the most current phone numbers available.	
Name:		Contact Information:	
Organization:		Home: (007)	
Address:		\\/\ork: (907)	
	Zip:	E-mail:	
Name:		Contact Information:	
Organization:		Homo: (007)	
Address:		Work: (907)	
	Zip:	E-mail:	
Name:		Contact Information:	
Organization:		Home: (907)	
Address:		Work: (907)	
	Zip:	E-mail:	
I certify, to the best of	my knowledge, that all stat	ements are correct and complete.	

<u>Please note</u>: All applications must be signed in ink. No application or nomination will be considered complete without a signature.

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 information that you provide to make recommendations to the Secretaries of the Interior and Agriculture for appointment of members to the Federal Subsistence Regional Advisory Councils. It is our policy not to use your name for any other purpose. We will maintain this information in accordance with the Privacy Act, but may release it under a Freedom of Information Act request (5 U.S.C. 552). 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. The relevant burden for completing this form is 2 hours. 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.