

Federal Subsistence Designated Hunter Application

Permit No. _____

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

DESIGNATED HUNTER FEDERAL PERMIT

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)		Issuing Agent (Print)	

X
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

DESIGNATED HUNTER

Permit No. _____

Permittee (Name) _____ Community: _____

Check box if you did not hunt as a Designated Hunter

List All Other Persons for Whom You Hunted:

Name	AK Hunting License #	Harvest Ticket/ Permit #	Subunit/ Unit	Drainage or Specific Location	Number of Animals Harvested	
					Male	Female

List All Other Persons for Whom You Hunted:

Name	Hunting License #	Harvest Ticket/ Permit #	Unit/ Subunit	Drainage or Specific Location	Number of Animals Harvested	
					Male	Female

Print NAME: _____

X

HUNTER'S SIGNATURE

PLEASE MAIL • Thank You for Your Cooperation.

Additional Conditions of the Permit:

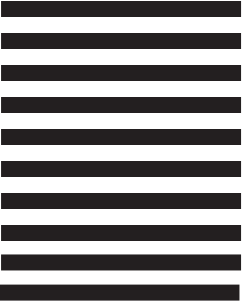
Additional Conditions of the Permit:

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