Federal Subsistence Fishing Permit

Regulatory Year:

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

| Description: | | | | | | | Season: | | |
|---------------------------------------|--------------------------|-----------------------|---------------------------|--------------------------------|-----------------------|----------------|--------------------------------|--|--|
| - | | , Middle Initial, L | ast) | Date of E | Birth | Permit # | | | |
| Mailing Address | | | | | | | Physical Address | | |
| City, State, Zip Code | | | | | | | Community of Primary Residence | | |
| AK Driv | vers License # o | r other acceptabl | le ID Telephone Number(s) | | | | Date Permit Issued (mm/dd/yy) | | |
| Hous | ehold members | designated to fis | sh with this Po | ermit (must | be Feder | ally-qualifie | ed subsistence users) | | |
| Name | | | DOB | Nar | me | | DOB | | |
| Name | | | DOB Name | | | DOB DOB | | | |
| Name_ | | | DOB Name | | | | DOB DOB | | |
| | | | | | | | | | |
| Applica X | nt's Signature | | | | Issuing Agent (Print) | | | | |
| I certify that | at I am a rural resident | as defined by 50 CFR | 100.4 and 36 CFR | 242.4. I have re | ead and unde | 2r- | | | |
| | | nit and agree to comp | | | | | | | |
| |) CFR 100 and 36 CFR | | | | | | | | |
| Federal Subsistence Harvest Report Ch | | | | Check here if you did not fish | | Report Due by: | | | |
| Month/ Day | Specific Location | Gear | Species | | Number Harvested | | Other | | |
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**** Attach Additional sheets if necessary ****

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. 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

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NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

| BUS | SINESS REPLY | MAIL |
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| FIRST CLASS MAIL | PERMIT NO. 12874 | ANCHORAGE AK |

POSTAGE WILL BE PAID BY ADDRESSEE

Address

Post Office Bar Code