Federal Subsistence Customary Trade Record Keeping Form

OMB Control No. 1018-0075

Description:							
Applicant's Name (First, Middle Initial, Last)			Date of Birth	Permit #			
Mailing Address				Physical Address			
City, State, Zip Code				Community of Primary Residence			
AK Drivers	License # or other a	one Number(s)		Date Permit Issued (mm/dd/yy)			
Applicant'	s Signature		Issuing Agent (Print)				
I certify that I a	am a rural resident as defin	ned by 50 CFR 100.4 and 36 CF	R 242.4. I have read and				
understand th	e conditions on the permi	t and agree to comply with th	em and applicable				
regulations as	found in 50 CFR 100 and 3	6 CFR 242.					
Househo	old members designate	ated to fish with this Po	ermit (must be Fede	erally-qualifie	d subsistend	ce users)	
Name DOB Name Name DOB Name				DOB			
Name		DOB DOB	Name Name			DOB	
			Name			DOD_	
Federal S	ubsistence Fishing I	Permit # for Applicant:					
Federal Sul	osistence Customary	/ Trade Report	Check here if no sale	es took place	Report Du	ue by:	
Date of Sale	Buyers Name					•	
	buyers marrie	Buyers Address	Species	Nur	nber of Total Fis		Dollar Amount
	Buyers Name	Buyers Address	Species		mber of Total Fis		Dollar Amount
	buyers name	Buyers Address	Species	Nur		sh:	Dollar Amount
	Buyers Name	Buyers Address	Species	Nur		sh:	Dollar Amount
	Buyers Name	Buyers Address	Species	Nur		sh:	Dollar Amount
	Buyers Name	Buyers Address	Species	Nur		sh:	Dollar Amount
	Buyers Name	Buyers Address	Species	Nur		sh:	Dollar Amount
	Buyers Name	Buyers Address	Species	Nur		sh:	Dollar Amount
	Buyers Name	Buyers Address	Species	Nur		sh:	Dollar Amount
	buyers Name	Buyers Address	Species	Nur		sh:	Dollar Amount
	buyers Name	Buyers Address	Species	Nur		sh:	Dollar Amount
	Buyers Name	Buyers Address	Species	Nur		sh:	Dollar Amount

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.

Permit Conditions:			
Fold on this line (second) - After m	aking the folds, tape this flap to the bottom of the letter, making sure that the return address is visible	Э.	
Fold on this line (first)		111111	
Return Address			NO POSTAGE NECESSARY IF MAILED
		111111	IN THE UNITED STATES
	BUSINESS REPLY MAIL		
	FIRST CLASS MAIL PERMIT NO. 12874 ANCHORAGE AK		
	POSTAGE WILL BE PAID BY ADDRESSEE		
	Address		
	Post Office Bar Code		