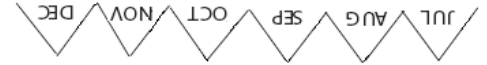


Federal Subsistence Hunt Application

Wildlife - Registration

Permit No.

OMB Control No. 1018-0075 Expires 06/30/2019



Federal Land Unit:	Unit(s) & Subunit(s):	AK Hunting License Number:
Applicant's Name (First, Middle Initial, Last):	Date of Birth (mm/dd/yy):	Telephone Number:
Mailing Address:	Physical Address:	

Applicant's Signature

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.

Community of Primary Residence:

Issuing Agent (Print):

Date Permit Issued (mm/dd/yy):

Federal Subsistence Harvest Report Permit Number: _____

Permittee's Name: _____ Permit Event: _____

1. Did you hunt? Yes ___ No ___ Did you use a designated hunter where allowed? Yes ___ No ___

2. A. How many days did you hunt? _____

B. How did you get to hunt area? (Circle your primary method of getting to where you started walking)

1. Airplane 3. Boat 5. Snow machine 7. Highway Vehicle

2. Horse/Dog Sled 4. 3/4-Wheeler 6. Other off road vehicle 8. No vehicle used

C. Specific Locations _____ D. Subunit Hunted _____

E. Did you take an animal? Yes ___ No ___

3. A. Date taken _____ (mm/dd/yy)

B. Sex of animal: Male ___ Female ___

INTERNET REPORTING
<http://fws.gov/alaska/harvestreport>

UNIQUE CODE
Not Available for this Permit

NON-TRANSFERABLE

UNIT: _____

SEASON: _____

LEGAL: _____

Successful Harvest: Must return permit Harvest Report within 5 days day(s) after taking an animal.

Unsuccessful or did not Hunt : Must return permit Harvest Report within 15 days after the close of the season.

FEDERAL PERMIT

PERMIT NO: _____

Regulatory Year: _____

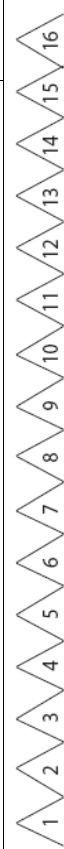
HUNT NO: UNIT(S): _____

SEASON: _____

SPECIES: _____

LEGAL: _____

CONDITIONS: See Back



Print Name : _____

X _____



Conditions of the Permit:

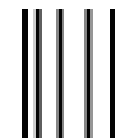
Conditions of the Permit:

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 Information Collection Clearance Officer, Division of Policy, Performance, and Management Programs, U.S. Fish and Wildlife Service, 5275 Leesburg Pike, Falls Church, VA 22041-3803.

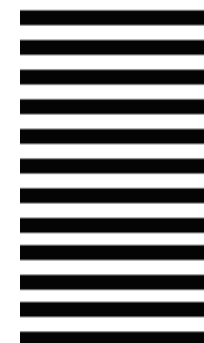
**Remove this Area
Before Mailing**

Cut along the dotted line

U.S. Fish and Wildlife Service
Office of Subsistence Management, M/S 121
1011 E. Tudor Rd.
Anchorage, AK 99503-6199



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UNITED STATES



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POSTAGE WILL BE PAID BY US FISH AND WILDLIFE SERVICE



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USFS Cordova Ranger District
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Cordova, AK 99574-9985