

<b>Federal Subsistence Designated Fishing Application</b>		<b>Permit No.</b>
Federal Land Unit:	Federal Fish Management Area:	
Applicant's Name (First, Middle Initial, Last):	Date of Birth (mm/dd/yy):	Telephone Number:
Mailing Address:	Physical Address:	Community of Primary Residence:
<b>Applicant's Signature</b> 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.		Issuing Agent (Print):  Date Permit Issued (mm/dd/yy):

<b>Federal Subsistence Designated Permit Report</b>	<b>Permit Number:</b>	<b>Report Due:</b>
	<b>Season:</b>	
	<b>Limit:</b>	
<b>Did you or a household member use this Permit: Yes _____ No _____</b>	<b>Permittee's Name:</b>	

Name	Permit Number	Location	Gear	Species	Number Harvested

**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.

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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

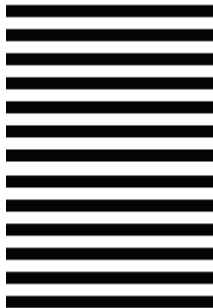
OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE \$300

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 12874 ANCHORAGE, AK

POSTAGE WILL BE PAID BY US FISH AND WILDLIFE SERVICE

US FISH AND WILDLIFE SERVICE



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Place Tape Here

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