Federal Subsistence Regional Advisory Council Membership

APPLICATION/NOMINATION FORM

APPLICANT'S FUL	L NAME:				
MR./MRS.:					
	FIRST	MIDDLE		LAST	— — —
Full mailing addres	ss:		Contact Infor Home: (907)		
			<u> Work: (907)</u>		
			Fax: (907)		
			E-mail: Birthdate:		
Where is your (or y must reside in the re			of residence	? (Please no	ote that members
PLEASE ANSWER NEEDED):	THE FOLLOW	ING QUESTION	S (ATTACH A	DDITIONAL	PAGES IF
1) Describe your (d	or nominee's) l	knowledge of fi	sh and wildlif	e resources	in the region.
2) Describe your (or resources in the re		knowledge of c	ustomary and	រ traditional ម	uses of
3) Describe your (duses of fish and wi				sport, comm	ercial, and other

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4) Do you (or nominee) participate in meetings on fish and wildlife issues (for example, meetings of State fish and game advisory committees, Federal subsistence regional advisory councils, commercial or sport hunting or fishing organizations, marine mammal commissions, tribal or corporation resource use groups, caribou working groups, subsistence resource commissions, coastal resource service areas, waterfowl conservation committees)? If so, please describe your (or nominee's) involvement.				
5) Have you (or nominee) served in an official capacity on councils, boards, committees, or associations within the past 10 years? If yes, please describe the role you served while working with these groups (i.e. Chair, Vice Chair, member).				
6) The seat you are applying for represents users throughout the region. How would you (or nominee) find out about fish and wildlife concerns people have and get information back to those people?				
7) Do you (or nominee) use Federal lands for hunting, trapping, fishing, guiding or transporting, gathering, teaching of traditional knowledge, or other use of fish and wildlife resources? If yes, please describe which Federal lands you use.				
8) Will you (or nominee) travel to and attend Regional Advisory Council meetings at least two times each year? (Regional Advisory Council meetings are usually held in August-October for fall meetings and and February-March for winter meetings. Transportation and lodging are prepaid; per diem is provided for food and other expenses.)				
Yes No				
9) Are you (or nominee) willing to attend Federal Subsistence Board meetings occasionally? (Board meetings are usually held in January or April. Transportation and lodging are prepaid; per diem is provided for food and other expenses.)				
Yes No				

and commercial/spo	ory Council membership should report interests. Regional Advisory Coupmmercial/sport representatives. You			
	subsistence commer	cial/sport		
If you are nominatin organization.	g the applicant, please provide you	ur name, your title, and your		
Your Name and Title		Organization		
	: Please include three references an ent phone numbers available. If you	d their contact information. Please wish, you may also submit letter(s) of		
Name:		Contact Information:		
Organization:		Home: (907)		
Address:		Work: (907)		
	Zip:	<u>E-mail:</u>		
Name:		Contact Information:		
		Home: (907)		
Address:	 .	Work: (907)		
	Zip:	<u>E-mail:</u>		
Name:		Contact Information:		
O		Home: (907)		
Address:		Work: (907)		
	Zip:	E-mail:		
I certify, to the best	of my knowledge, that all statemer	nts are correct and complete.		
Signature		Date		

<u>Please note</u>: All applications must be signed in ink. No application or nomination will be considered complete without a signature.

Paperwork Reduction Act Statement: We are collecting this information subject to the Privacy Act (5 U.S.C. 552a) and Paperwork Reduction Act (44 U.S.C. 3501. This information collection is authorized by the Alaska National Interest Lands Conservation Act and associated regulations. The Federal Subsistence Board will use information that you provide to make recommendations to the Secretaries of the Interior and Agriculture for appointment of members to the Federal Subsistence Regional Advisory Councils. It is our policy not to use your name for any other purpose. We will maintain this information in accordance with the Privacy Act, but may release it under a Freedom of Information Act request (5 U.S.C. 552). 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 this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number. OMB has approved this information collection and assigned OMB Control No. 1018-0075.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 2 hours per response including the time it takes to read, gather and maintain data, review instructions and complete the form. You may direct comments regarding this burden estimate, or any aspects of this form, to the Service 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. Please do not send your completed form to this address.