

Federal Subsistence Customary Trade Record Keeping Form

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

Description:

Season:

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 acceptable ID	Telephone Number(s)		Date Permit Issued (mm/dd/yy)

Applicant's Signature X	Issuing Agent (Print)
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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.

Household members designated to fish with this Permit (must be Federally-qualified subsistence users)

Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____

Federal Subsistence Fishing Permit # for Applicant: _____

Federal Subsistence Customary Trade Report

Check here if no sales took place

Report Due by:

Date of Sale	Buyers Name	Buyers Address	Species	Number of Total Fish:			Dollar Amount
				Fish	Fish Parts	Eggs	

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.

Permit Conditions:

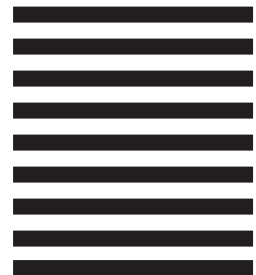
Fold on this line (second) - After making the folds, tape this flap to the bottom of the letter, making sure that the return address is visible.

Fold on this line (first)

Return Address



NO POSTAGE
NECESSARY
IF MAILED
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