DI Form 9009 (Rev. 09/2024) U.S. Department of the Interior

APPLICANT'S FULL NAME:

OMB Control No. 1090-New Expires ##/##/20##



APPLICATION/NOMINATION FORM Federal Subsistence Regional Advisory Council Membership

Office of Policy, Management, and Budget Office of Subsistence Management

| | First | Middle | Last | | | |
|----------|---|--|--|--|--------------------|--|
| FU | ILL MAILING ADDRESS: | | | | | |
| | Street Address | | City | State | Zip Code | |
| CC | ONTACT INFORMATION: | | | | | |
| | Home Phone: | Work Phone: | Fax: | | | |
| | Email: | | Birthdate: | | | |
| PL | EASE ANSWER THE FOLLO | WING QUESTIONS (ATTACH | ADDITIONAL PAGES I | F NEEDED): | | |
| | Where is your (or your nome region they represent.) | inee's) <u>primary</u> place of resi | dence? (Please note tha | at members musi | reside in | |
| 2) | Describe your (or nominee's) knowledge of fish and wildlife resources in the region. | | | | | |
| 3) | Describe your (or nominee' | s) knowledge of customary a | nd traditional uses of r | esources in the | region. | |
| | Describe your (or nominee' Idlife resources in the region | | d sport, commercial, ar | nd other uses o | f fish and | |
| fis | d game advisory committees, F ning organizations, marine mar oups, subsistence resource cor | nmal commissions, Tribal or Co | dvisory councils, commer orporation resource use or vice areas, waterfowl co | cial or sport hum groups, caribou v | ting or vorking | |
| wi | Have you (or nominee) serventhin the past 10 years? If yestair, Vice Chair, member). | | | | | |
| 7) ou | The seat you are applying f | or represents users through erns people have and get in | | | ninee) find | |

which Federal lands you use.

| year? (Regional Advisor | y Council meetings are usua | ional Advisory Council meetings at least two times each ally held in August-October for fall meetings and February-March prepaid; per diem is provided for food and other expenses.) | | | | |
|---|------------------------------|--|--|--|--|--|
| 10) 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 | | | | | | |
| | | representation of subsistence and commercial/sport interests. sistence use or commercial/sport use representatives. You must | | | | |
| Subsistence | Commercial/Spor | t | | | | |
| 12) If you are nominating | the applicant, please provid | e your name, your title, and your organization. | | | | |
| First | Middle | Last | | | | |
| Title | | Organization | | | | |
| | | ences and their contact information. Please provide the most ay also submit letter(s) of recommendation. | | | | |
| Name: Organization: Contact Information: I Address: | Home Phone: (907) | Work Phone: (907) | | | | |
| Zip: | | E-mail: | | | | |
| Name: Organization: Contact Information: I Address: | Home Phone: (907) | Work Phone: (907) | | | | |
| Zip: | | E-mail: | | | | |
| Name: Organization: Contact Information: I Address: | Home Phone: (907) | Work Phone: (907) | | | | |
| Zip: | | E-mail: | | | | |

8) Do you (or nominee) use Federal lands for hunting, trapping, fishing, guiding or transporting, gathering, and/or teaching of traditional knowledge, or other use of fish and wildlife resources? If yes, please describe

I certify, to the best of my knowledge, that all statements are correct and complete.

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| Signature | Date |
|-----------|------|

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

NOTICES

PRIVACY ACT STATEMENT

Authority: The information requested is authorized by the Alaska National Interest Lands Conservation Act; 36 CFR 242 and 43 CFR 51.

Purpose: The applicant's information will be used to evaluate their qualifications and experience for the potential selection to serve as a member on one of the Federal Subsistence Regional Advisory Councils.

Routine Uses: The Federal Subsistence Board will use the provided information to make recommendations to the Secretaries of Interior and Agriculture for the appointment of members to the Federal Subsistence Regional Advisory Councils. More information about routine uses can be found in the System of Records Notice, Permits System, FWS-21.

Disclosure: Providing the information is voluntary but required to obtain or retain a benefit.

PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501, *et seq.*), the Office of Subsistence Management collects information necessary 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. Your response is voluntary but is required to obtain or retain a benefit. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1090-####.

ESTIMATED BURDEN STATEMENT

We estimate public reporting for this collection of information to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Departmental Information Collection Clearance Officer, 1849 C Street, NW Washington, DC 20240, or via email at PRA@ios.doi.gov. Please do not send your completed form to this address.