



**APPLICATION/NOMINATION FORM**  
***Federal Subsistence Regional Advisory Council Membership***

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

**APPLICANT'S FULL NAME:**

First Middle Last

**FULL MAILING ADDRESS:**

Street Address City State Zip Code

**CONTACT INFORMATION:**

Home Phone: Work Phone: Fax:  
Email: Birthdate:

**PLEASE ANSWER THE FOLLOWING QUESTIONS (ATTACH ADDITIONAL PAGES IF NEEDED):**

**1) Where is your (or your nominee's) primary place of residence?** (Please note that members must reside in the region they represent.)

**2) Describe your (or nominee's) knowledge of fish and wildlife resources in the region.**

**3) Describe your (or nominee's) knowledge of customary and traditional uses of resources in the region.**

**4) Describe your (or nominee's) knowledge of sport, guided sport, commercial, and other uses of fish and wildlife resources in the region.**

**5) 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)?  
☐ Yes ☐ No **If yes, please describe your (or nominee's) involvement.**

**6) 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).**

**7) 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?**

**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 which Federal lands you use.**

**9) 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 February-March for winter meetings. Transportation and lodging are prepaid; per diem is provided for food and other expenses.)  
☐ **Yes** ☐ **No**

**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**

**11) Regional Council membership should reflect representation of subsistence and commercial/sport interests.** Regional Council seats are designated for either subsistence use or commercial/sport use representatives. You must choose one or the other.

☐ **Subsistence** ☐ **Commercial/Sport**

**12) If you are nominating the applicant, please provide your name, your title, and your organization.**

|       |              |      |
|-------|--------------|------|
| First | Middle       | Last |
|       |              |      |
| Title | Organization |      |

**13) Reference Contacts:** Please include three references and their contact information. Please provide the most current phone numbers available. If you wish, you may also submit letter(s) of recommendation.

|                                        |                   |
|----------------------------------------|-------------------|
| Name:                                  |                   |
| Organization:                          |                   |
| Contact Information: Home Phone: (907) | Work Phone: (907) |
| Address:                               |                   |

|      |         |
|------|---------|
| Zip: | E-mail: |
|------|---------|

|                                        |                   |
|----------------------------------------|-------------------|
| Name:                                  |                   |
| Organization:                          |                   |
| Contact Information: Home Phone: (907) | Work Phone: (907) |
| Address:                               |                   |

|      |         |
|------|---------|
| Zip: | E-mail: |
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|----------------------------------------|-------------------|
| Name:                                  |                   |
| Organization:                          |                   |
| Contact Information: Home Phone: (907) | Work Phone: (907) |
| Address:                               |                   |

|      |         |
|------|---------|
| Zip: | E-mail: |
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**I certify, to the best of my knowledge, that all statements are correct and complete.**

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Signature

Date

**Please note:** 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](mailto:PRA@ios.doi.gov). Please do not send your completed form to this address.