

Federal Subsistence Customary Trade Record Keeping Form

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

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)

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 43 CFR 51 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: _____

Brown Bear Seal Number: _____ Brown Bear Harvest Unit: _____

Federal Subsistence Customary Trade Report

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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	

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 contact the individual if there are any questions on the harvest reported in the effort to manage fish and wildlife resources for future seasons.
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 10 minutes for the application and permit, and 5 minutes for the report, 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.

DI Form 9012 Rev. 09/2025

Permit Conditions:

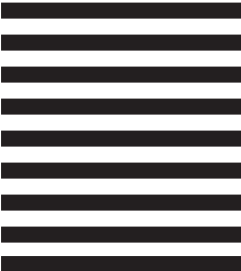
Fold on this line (second) - After making the folds, tape this flap to the bottom of the letter, making sure that the return address is visible.

Fold on this line (first)

Return Address



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS MAILPERMIT NO. 12874ANCHORAGE AK

POSTAGE WILL BE PAID BY ADDRESSEE

Address

Post Office Bar Code