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| <b>Federal Subsistence Fish Application</b>   |                               | <b>Permit No.</b>  |
| Federal Land Unit:  | Federal Fish Management Area: |  |
| Applicant's Name (First, Middle Initial, Last):   | Date of Birth (mm/dd/yy):     | Telephone Number:  |
| Mailing Address:  | Physical Address:             | Community of Primary Residence:                              |
| <b>Applicant's Signature</b><br><br>X _____<br>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. |                               | Issuing Agent (Print):<br><br>Date Permit Issued (mm/dd/yy): |

|   |                   |              |                 |                     |                                 |                   |                    |                 |                     |
|---|-------------------|--------------|-----------------|---------------------|---------------------------------|-------------------|--------------------|-----------------|---------------------|
| <b>Federal Subsistence Permit and Harvest Report</b>  |                   |              |                 |                     | <b>Permit Number:</b>           |                   | <b>Report Due:</b> |                 |                     |
|   |                   |              |                 |                     | <b>Season:</b><br><b>Limit:</b> |                   |                    |                 |                     |
| Did you fish? Yes ____ No ____<br>Did you use a designated fisher? Yes ____ No ____                         |                   |              |                 |                     | <b>Permittee's Name:</b>        |                   |                    |                 |                     |
| Print household members authorized to fish with this Permit (must be Federally qualified subsistence users) |                   |              |                 |                     |                                 |                   |                    |                 |                     |
| <b>Name (s)</b> _____   |                   |              |                 |                     |                                 |                   |                    |                 |                     |
| <u><b>Gear Legend</b></u>   |                   |              |                 |                     | <u><b>Species Legend</b></u>    |                   |                    |                 |                     |
|   |                   |              |                 |                     |                                 |                   |                    |                 |                     |
| Month/<br>Day   | Specific Location | Gear<br>Code | Species<br>Code | Number<br>Harvested | Month/<br>Day                   | Specific Location | Gear<br>Code       | Species<br>Code | Number<br>Harvested |
|   |                   |              |                 |                     |                                 |                   |                    |                 |                     |
|   |                   |              |                 |                     |                                 |                   |                    |                 |                     |
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|   |                   |              |                 |                     |                                 |                   |                    |                 |                     |

Conditions of the Permit:

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

U.S. Department of the Interior  
Office of Subsistence Management  
1011 E. Tudor R. M/S 121  
Anchorage, AK 99503-6199



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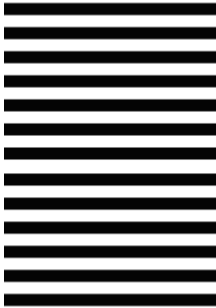
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Conditions of the Permit:

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