Commercial Fisheries Entry Commission
Request for Permanent Transfer
by Designated Recipient

PO Box 110302
Juneau, AK 99811-0302
Phone: 907-789-6150
Toll-Free: 1-855-789-6150
Fax: 907-789-6170
www.cfec.state.ak.us

General Information:

Transferable limited entry permits survive the death of the permit holder. The permit may be transferred directly to a designated recipient if the permit holder has filed a *Designation Upon Holder's Death* form with the Commercial Fisheries Entry Commission (CFEC) prior to their passing. To receive the permit, the designated recipient does not have to be physically able to fish or intend to fish the permit.

There are permits in a few fisheries which cannot be permanently transferred because they were issued under the "minor economic hardship" provisions of the regulations. These nontransferable permits revert to the State upon the death of the permit holder (or when the permit holder stops paying renewal fees). The permits may not be reissued.

Instructions:

To request a transfer to the designated recipient the recipient must:

- Complete the entire transfer form.
- Have their signature notarized and submit the form within 90 days of the notary date.
- Submit a copy of the death certificate and the will (if the deceased permit holder had one).
- Submit the current year permit card (if issued).
- Submit a $50.00 transfer fee.

At least 90 days must have lapsed from the date of death before the Entry Commission can permanently transfer the permit.

Payment Information:

Payment may be made using the attached credit card authorization and submitted via mail or fax. We accept Mastercard, Visa, and Discover. We also accept checks, money orders, and cashier's checks.

Revised November 2020 Form# 05-24A

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Please allow up to 2 weeks for processing

Please complete all sections below and submit with the $50.00 transfer processing fee, the current year permit card if it has been issued, a copy of the death certifcate and a copy of the will, if there is one.

Date Approved: _____ Transfer Officer: _____

DECEASED PERMIT HOLDER INFORMATION:

_____ _____
Name of Deceased Permit Holder (please print clearly) Permit Number

_____
CFEC ID Number

DESIGNATED RECIPIENT INFORMATION:

_____ _____ _____ _____
Name of Designated Recipient (print clearly) Social Security Number Date of Birth ADFG Number

_____ _____ _____ _____
Permanent Mailing Address City State Zip

_____ CITIZENSHIP: ☐ US Citizen ☐ Alien Reg # _____
Phone Number Check if unlisted ☐ Email Address (Aliens must enclose copy of green card)

_____ _____ _____
Temporary Mailing Address (for this permit) City State Zip

RESIDENCY INFORMATION:

Please carefully review the following definition of residency:

"For the purpose of assessing fees for the application for, annual issuance of, or renewal of entry and interim-use permits, an individual is a resident of this state if, on the date of permit application, issuance, or renewal, and throughout the 12-month period before that date, that individual maintained their domicile in this state and neither claimed residency in another state, territory, or country nor obtained benefits under a claim of residency in another state, territory, or country." 20 AAC 05.290.

Do you qualify as an Alaska resident under this definition? ◯ YES ◯ NO

If you claim Alaska residency, please provide some additional information for verification:

1. What is your current physical address? (no PO boxes) _____
2. Within the previous 365 days, have you resided anywhere else? ☐ YES ☐ NO If yes, where? _____
3. Do you have a current Alaska driver's license or other Alaska ID? ☐ YES ☐ NO If yes, provide number: _____
4. Are you registered to vote in Alaska? ☐ YES ☐ NO

**NOTE: If you answered 'no' to question 3 or 4, please provide a brief explanation of why you qualify as an Alaska resident

_____

ADDITIONAL INFORMATION:

1. What is your relationship to the permit holder? _____
2. Did the deceased leave a will? ☐ NO ☐ YES If yes, please submit a copy of the will.
3. I certify that I am physically able to harvest fish in the fishery and would like a card issued to me ☐ NO ☐ YES
4. I am not physically able to fish the permit and I intend to _____ the permit.

Please explain what your intentions are for the permit

AFFIDAVIT: I swear under penalty of perjury that all of the foregoing statements are true. I understand that making a false claim on this form is a crime under AS 11.56.210 which is punishable by up to one year in prison and/or a $5,000.00 fine, and may subject me to administrative fines, suspension of fishing privileges and revocation of any entry permit I may hold.

_____ Subscribed and sworn to before me on _____, 20___, at_____
Designated Recipient Signature

_____ _____
Notary Public (or Postmaster in Alaska) My Commission Expires

Under AS 16.05.815 and AS 16.05.480, social security numbers and other information provided on this form may be used for fisheries research, management and licensing purposes and may be disclosed to: the Alaska Department of Fish and Game, the National Marine Fisheries Service, staff of the Pacific States Marine Fisheries Commission who are employed by the Alaska Fisheries Information Network project, the North Pacific Fishery Management Council, child support enforcement agencies for child support purposes and other agencies or individuals as required by law or court order. Name, address, and licenses held are public information that may be released.

Commercial Fisheries Entry Commission
Credit Card Authorization

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I authorize the Commercial Fisheries Entry Commission (CFEC) to charge the card listed below. This payment is only valid for the items and amount listed.

Please indicate the permit and/or vessel numbers in the space provided and the total amount you are authorizing your card to be charged.

FEES TO BE CHARGED TO CARD

Item(s)	Enter Permit & Vessel Numbers	Fee Amount
Permit(s):		$
Vessel(s):		$
Transfer Fees ($50):		$
Duplicate Fees ($20):		$
Immediate Fishing ($80):		$

☐ Check here to have your licenses express mailed and that you agree to pay the current USPS express mail rate **PLUS** the CFEC service fee of $15.00.

Total amount to be charged $ _____

Name of Cardholder: _____

Cardholder Phone Number: _____

Cardholder Signature: _____ Date: _____

Card type: ◯ Visa ◯ Mastercard ◯ Discover

Expiration Date: _____ / _____

Credit Card #: _____ - _____ - _____ - _____

DO NOT EMAIL THIS FORM. PLEASE FAX OR MAIL FORM.

Revised November 2020