



STATE OF ALASKA
Commercial Fisheries Entry Commission

Request for Release of Deceased Permit Holder Fish Ticket Data

As specified in Alaska Statute 16.05.815, individual fish ticket records are confidential. The Commission can provide a data summary of fish ticket landing records for a deceased CFEC permit holder to a personal representative (“executor”) of the estate, or an immediate family member if no personal representative exists. Release of individual fish ticket records to a personal representative or immediate family member requires the completion of this form and a copy of the CFEC permit holder’s death certificate. The Request for release of Deceased Permit Holder Fish Ticket Data form must be completed and signed in the presence of a notary public. Picture identification may be required.

This form and the death certificate must be sent to the address provided below. No documents will be sent until these have been received. Please complete every item on the form that applies, and **print legibly or type**, failure to do so may cause delays in the release of your records.

The Commission cannot provide vessel-based fishing history data. The Commission is unable to provide photocopies of fish tickets. CFEC permit number landings data is available from 1975 forward. This notarized form may be submitted directly to:

STATE OF ALASKA
Commercial Fisheries Entry Commission
P.O. Box 110302
Juneau, Alaska 99811-0302
(907) 789-6160



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Please complete every item and print legibly – failure to fully complete this form may cause delays in the release of your records.

Personal Representative/Family Member

I, _____, hereby request CFEC fish ticket records for the
Print name of Personal Representative or Immediate Family Member here
fishing activity of _____,
Enter name of CFEC permit holder here *CFEC permit holder's CFEC ID or social security number*

for the following commercial fishing permit numbers:

Provide complete permit numbers (e.g., S03T 00000X)

- | | |
|--|--|
| 1) _____
<i>Enter CFEC permit number here</i> | 3) _____
<i>Enter CFEC permit number here</i> |
| 2) _____
<i>Enter CFEC permit number here</i> | 4) _____
<i>Enter CFEC permit number here</i> |

for the year(s) _____
Enter permit year(s)

Please check the appropriate box:

- I am the personal representative (“executor”) of the CFEC permit holder’s estate.
 I am an immediate family member of the CFEC permit holder and there is no personal representative for the estate.

Certification: I swear, under penalty of perjury, that the information provided by me on this form and in all supporting documents is true, complete, and accurately describes the terms and conditions of my request. I understand that intentionally making a false claim on this form or intentionally submitting false documentation in support of my request is a crime punishable by up to one year of imprisonment and/or a \$25,000 fine and may subject me to administrative fines, suspension of fishing privileges, and revocation of any permit I may hold. I agree to hold CFEC and the State of Alaska harmless from any liability or loss that may arise from the release of confidential fish ticket data authorized by this form.

_____ <i>Signature of Personal Representative or Immediate Family Member</i>	_____ <i>Relationship to the deceased</i>
_____ <i>Mailing address</i>	_____ <i>Today's Date</i>
_____ <i>City, State and Zip Code</i>	
_____ <i>Telephone number</i>	_____ <i>Fax number</i>
_____ <i>Email address</i>	

Notary

Subscribed and sworn before me _____
Signature of Notary Public
this _____ day of _____, 20_____.
My Commission Expires _____.
Month/Day/Year

Notary Seal or
Stamp Here

CFEC Authorized Personnel

Signature of CFEC Authorized Personnel *Date Sent* _____
Month/Day/Year

Please enclose a check or money order for \$55.00 payable to the State of Alaska.



STATE OF ALASKA
 COMMERCIAL FISHERIES ENTRY COMMISSION
 P.O. BOX 110302
 Juneau, Alaska 99811-0302

Phone: (907) 789-6160
 Fax: CALL FOR INFO
 Website: www.cfec.state.ak.us

Method of Payment Form

CHECK OR MONEY ORDER Please remit \$55.00. Please make checks payable to: State of Alaska	CREDIT CARD
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CREDIT CARD INFORMATION:

VISA	MASTERCARD	DISCOVER
_____ Name on credit card	_____ Card holder phone number	
_____ Credit card billing address	_____ City	_____ State
_____ - _____ - _____ - _____ Credit card number	_____ / _____ Expiration date	_____ 3 Digit security code

Signature of card holder: _____ Copy of receipt: Email Mail None