



# Commercial Fisheries Entry Commission 2021 Educational Permit Application

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

Please use this form to apply for a 2021 educational entry permit. Complete the agent designation on page two, make three copies and send the original to the Commercial Fisheries Entry Commission (CFEC). Keep one copy for the institution's records and give one copy to the named agent. Under the terms of the permit, the agent must have the agent designation form in their possession at all times while operating gear. The agent must also hold a valid crew member license, interim-use or limited entry permit issued by the CFEC.

While participating in fishing activities, the agent must be able to present valid photo ID, upon request. Be sure to include copies of cover letters introducing the proposal to your local Alaska Department of Fish and Game advisory committee, ADFG area management biologist and Fish & Wildlife Protection office. A permit fee of \$75.00 for each institution is required. Payment may be submitted by check, money order or the attached credit card authorization by fax or mail.

**This application and payment must be submitted before February 1, 2021.** Permit Number: \_\_\_\_\_

### **Educational Institution Information:**

Institution Name: \_\_\_\_\_

Type of Institution: \_\_\_\_\_ Date Accredited: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Agent or contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Check if Unlisted  Email Address: \_\_\_\_\_

Temporary Mailing Address (for these permits): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name of Certifying Institution \_\_\_\_\_

Fishery Resource to be Harvested \_\_\_\_\_ Areas to be Fished \_\_\_\_\_

Types of Gear to be Fished \_\_\_\_\_ Number of Cards Needed \_\_\_\_\_

ADFG Number(s) to be Fished \_\_\_\_\_

### **Agent Information:**

Agents Designated to use the Permit (continued on next page)

Name	Social Security Number	Birth Date	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **Certification:**

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.

Signature and Printed Name of Agent \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Agent Information:**

Agents designated to use the permit

Name	Social Security Number	Birth Date	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Program Information:**

Please describe the study plan, courses to be offered and topics covered, schedule of classes, and names of instructors. Attach a copy of the program outline, if available.

**ANTICIPATED BUDGET FOR PROGRAM:**

Item	Amount	Description
Travel	\$ _____	_____
Food/Lodging	\$ _____	_____
Fishing Gear	\$ _____	_____
Vessel(s)	\$ _____	_____
Fuel	\$ _____	_____
Instructor Salaries	\$ _____	_____
Student Stipends	\$ _____	_____
Insurance	\$ _____	_____
Supplies & Equipment	\$ _____	_____
Miscellaneous	\$ _____	_____
TOTAL BUDGET	\$ _____	

**EDUCATIONAL PERMIT AGENT DESIGNATION FORM:**

Name of Institution \_\_\_\_\_

Name of Agent \_\_\_\_\_

Mailing Address of Agent: \_\_\_\_\_

\_\_\_\_\_  
Height                      Weight                      Eye Color                      Hair Color                      Date of Birth

Is Authorized to use the Educational Area Permit to Harvest:

\_\_\_\_\_  
Fishery Resource                      Legal Gear                      Administrative Area

\_\_\_\_\_  
Designated Authorized Agent Signature                      Title                      Date

\_\_\_\_\_  
Institution Representative Signature                      Title                      Date

NOTICE REGARDING PERSONAL INFORMATION: Under AS 16.43.100, the Commercial Fisheries Entry Commission (CFEC) requests the information on this form so that CFEC can process your licensing request. You must provide the requested information for processing of your licensing request; if you do not provide all of the requested information, CFEC may deny your request. To the extent permitted by state and federal law, CFEC may share the requested information with other state and federal agencies for the purpose of determining whether to grant your request and for law enforcement and other governmental purposes. Also, unless an exception applies (e.g. for medical information) requested information may be subject to disclosure under AS 40.25.110-AS 40.25.120. To challenge under AS 40.25.310 the accuracy or completeness of your personal information that CFEC maintains, please send the following information to Attn: CFEC Records Officer, PO Box 110302, Juneau, AK, 99811: a description of the challenged information; the records that contain the information; the changes necessary to make the information accurate or complete; and the address where CFEC can contact you.



# Commercial Fisheries Entry Commission Credit Card Authorization

PO Box 110302  
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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 <b>PLUS</b> 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.