



**STATE OF ALASKA**  
**Commercial Fisheries Entry Commission**

P.O. Box 110302  
Juneau, Alaska 99811-0302

Phone: (907) 789-6160  
Fax: Not Accepted / Call for Info  
Website: www.cfec.state.ak.us

**REQUEST FOR FISH TICKET INFORMATION**

**Permit Holder Information**

Permit Holder Name			Telephone Number
Mailing Address			CFEC number or Social Security Number
City	State	Zip Code	Email Address for Copy (optional)

**Permit Information**

You may request catch history information for all years for all permits you've held, or for specific permits or years. Check the appropriate box and enter year(s) and permit number(s) if applicable. The earliest year fish ticket data is available is 1975.

All permits held, catch history for all years fished

Specific permit(s), specific year(s)

Year (s)	Permit #
No Data for 2021	
_____	_____
_____	_____
_____	_____

All permits held, catch records for specific year(s)

Year (s)

_____
_____
_____

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.

**Notary**

_____	
Signature of Permit Holder	
Subscribed and sworn to before me this _____ day of _____, 20 _____.	
My Commission expires _____	
Month/Day/Year	Notary or Alaskan Postmaster

NOTARY STAMP HERE

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



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## Method of Payment Form

CHECK OR MONEY ORDER

CREDIT CARD

**Please remit \$55.00. Please make checks payable to: State of Alaska**

### CREDIT CARD INFORMATION:

VISA

MASTERCARD

DISCOVER

\_\_\_\_\_  
Name on credit card

\_\_\_\_\_  
Card holder phone number

\_\_\_\_\_  
Credit card billing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Credit card number

\_\_\_\_\_/\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
3 Digit security code

Signature of card holder: \_\_\_\_\_ Copy of Receipt: Email\_\_ Mail\_\_ None\_\_