



Commercial Fisheries Entry Commission

Instructions for Emergency Transfer of Entry Permit Request

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:

Emergency Transfers are granted for:

- Illness
- Disability
- Death
- Required military or government service
- An unavoidable hardship of a temporary, unexpected, and unforeseen nature that prevents the permit holder from participating in the fishery**

“Hardship**,” with respect to emergency transfers, means privation and suffering, and does not include the results of a permit holder’s own economic decisions, nor the results of economic, biological or regulatory variables which are normally part of the risk of doing business as a fisherman.

Instructions:

To request an emergency transfer:

- The entire form must be completed by both the permit holder and the proposed transferee.
- The current year permit card (if issued) must be returned or the annual fee must be paid.
- A \$50.00 transfer fee must be submitted.
- Both parties must have their signatures notarized (they do not have to sign at the same time or place).
- If the transfer is being requested due to illness, injury or disability, the physician who examined the permit holder must complete the required physician’s statement page.
- **Note:** If the vessel you will be fishing is not licensed for the current year then you will need to complete and submit a Vessel License Application.

To request an emergency transfer in the event of the permit holder’s death:

- The representative of the estate should complete the form. If a representative has not been appointed, the surviving spouse or next of kin may complete the form.
- If CFEC does not have a copy of the death certificate, one must be provided.
- The physician’s statement DOES NOT need to be completed.

If the request is due to an illness, injury or death which occurred in the 14 days prior to the submission of the request for emergency transfer, a copy of the form may be used to fish, but the form must first be submitted to CFEC. If it is outside of regular business hours, please send an email to dfg.cfec.transfers@alaska.gov. Once the email is received a determination will be made and you will be contacted as soon as possible.

If the transfer is denied, a notice will be given to the permit holder and they will have an opportunity to request an administrative hearing which can be conducted by phone.

If you emergency transfer your salmon permit and the transferee gets demerit points for a fishing violation, you will also receive demerit points.

Payment Information:

Credit card payments may be submitted using the attached credit card authorization form and mailing to our office with your transfer form, fax to us at (907) 789-6170, or email to us at dfg.cfec.transfers@alaska.gov. We accept Mastercard, Visa, and Discover.

Checks, money orders, and cashier’s checks may instead be submitted with this form and mailed to our office.



Commercial Fisheries Entry Commission Emergency Transfer of Entry Permit Request

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 ALLOW UP TO 2 WEEKS FOR PROCESSING TIME

All sections and pages of this form must be completed and submitted with the \$50.00 transfer processing fee, the permit renewal fee, or the current year permit card (if it has been issued). If any of the information is not submitted or if the form is incomplete there will be delays with the request.

Date Approved: _____ Transfer Officer: _____

PERMIT HOLDER INFORMATION: Must be Completed by the Current Permit Holder

I _____, request an emergency transfer of my permit, _____
Name of Permit Holder (print clearly) Permit Number

Permanent Mailing Address _____ CFEC ID Number _____ Phone Number _____ check if unlisted ____

City _____ State _____ Zip _____ Email Address _____

REQUIRED FOR VERIFICATION OF RESIDENCY

Physical Location of Residence (where you live): _____

City: _____ State: _____ Zip: _____ How Long (years/months) at this Physical Address? _____

RESIDENCY: Alaska Resident Nonresident CITIZENSHIP: US Citizen Alien Reg# _____
(Please enclose a copy of your card)

PROPOSED TRANSFEREE INFORMATION: Must be Completed by the Proposed Transferee

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

Permanent Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Check if unlisted ____ _____ Email address _____

RESIDENCY: Alaska Resident Nonresident CITIZENSHIP: US Citizen Alien Reg# _____
(Please enclose a copy of your card)

Temporary Mailing Address (for this permit) _____

City _____ State _____ Zip _____

AFFIDAVIT: Both Parties must read and sign under oath before a Notary Public (or Postmaster in Alaska). I swear, under penalty of perjury, that the information provided by me on all pages of this form and in all attached statements and materials supporting this request are true and accurately describes the terms of this transfer requested solely due to the emergency situation described in this form, and that I am not prohibited by law or court order from being a party to this transfer. I understand that making a false claim on this transfer form or submitting false documentation in support of this transfer request is a crime under AS 11.56.210 which is punishable by up to one year in prison and/or \$5,000.00 fine and may subject me to administrative fines, suspension of fishing privileges and revocation of any entry permits I may hold.

Permit Holder: _____
Signature

Transferee: _____
Signature

Subscribed and sworn to before me this _____ day of _____, 20__ at _____

Subscribed and sworn to before me this _____ day of _____, 20__ at _____

Notary Public (or Postmaster in Alaska)

Notary Public (or Postmaster in Alaska)

Commission Expires: _____

Commission Expires: _____

The Commercial Fisheries Entry Commission must authorize a transferee to begin fishing with the copy of the transfer form. If it is outside of regular business hours, please send an email to dfg.cfec.transfers@alaska.gov Once the email is received a determination will be made and you will be contacted as soon as possible.

PLEASE MAKE SUFFICIENT COPIES OF THIS FORM TO PROVIDE WITH EACH LANDING TO THE PROCESSOR

CFEC Fishery _____ Permit Number/Alpha _____ Y _____
(CFEC USE ONLY) Year/Sequence/Alpha

Signature of Agent _____ Name and Title _____ Date valid _____ Valid through _____

REQUIRED EMERGENCY TRANSFER INFORMATION:

Must be Completed by the Permit Holder

1. Is your permit a nontransferable permit? NO YES

If yes, whose gear and site, vessel, or dive operation will be used? _____

2. Is this request due to an injury that occurred within the last 14 days? NO YES

If yes, please explain how the injury occurred: _____

If no, please explain why you are unable to participate in the fishery: _____

3. Did you participate in this fishery last season? NO YES

If no, what is the reason you did not participate? _____

If yes, what was the ADFG number of the vessel you fished on: _____

4. Did you intend to fish the upcoming season? NO YES

If yes, explain what preparations you have made: _____

If no, explain what your intentions were for the fishing season: _____

5. Have you participated in ANY fishing activity this year? NO YES

If yes, provide the fishery and duration of participation: _____

6. Where will you be during the fishing season? _____

7. Will you be working at another job during the fishery? NO YES

If yes, provide the employer's name, address and telephone number: _____

Explain what type of work will be performed: _____

REQUIRED EMERGENCY TRANSFER INFORMATION

TO BE COMPLETED ONLY BY THE PROPOSED TRANSFEREE

1. How did you locate this permit for emergency transfer? (circle one answer)

Relative or personal friend Permit Broker Advertisement
Casual acquaintance Fish Processor Other (explain) _____

2. What is your relationship to the permit holder? (circle one answer)

None Personal friend Other relative
Business partner/crewmember Member of immediate family Other (explain) _____

3. Who owns the vessel or site that you will be fishing? (circle one answer)

Myself Fish Company or Processor
Permit Holder Other (explain) _____

4. What are the agreed upon terms for the use of the permit?

Flat fee of \$ _____ paid to the permit holder.
Percentage of gross earnings, _____ %
Combination of flat fee and percentage, the flat fee \$ _____ and percentage _____ %
Payment in Trade, indicate what is being traded and its estimated value: _____ Value \$ _____
No payment to the permit holder (explain) _____
Other (explain) _____

5. Are you paying a commission or fee to a broker or other agent? ___ NO ___ YES

If yes, indicate which firm or person is acting as broker: _____

6. How much are you paying in brokers' fees or commissions? _____

7. Is there any agreement concerning future transfers of this permit? ___ NO ___ YES

If yes, explain _____

TO BE COMPLETED ONLY BY THE PERMIT HOLDER

1. Are you using the service of a broker or other agent to assist with this transfer? ___ NO ___ YES

If yes, which firm or person is acting as broker? _____

2. How much are you paying in brokers' fees or commissions? \$ _____

3. Who advised you to seek an emergency transfer of your permit? (circle one answer)

Entry Commission staff Fish Processor Other (specify) _____
Dept. of Fish and Game staff Business partner/crewmember
Permit Broker Myself

4. If you are receiving payment for the use of the permit, when is to be paid? (circle one answer)

At the time of transfer In periodic payments during the season
At the end of the season Other (explain) _____

5. What is your reason for transferring this permit? (circle your answer)

Injury or accident Death of permit holder Government/Military service
Illness or other health problem Incarceration Financial or economic hardship
Immediate family illness or death Pregnancy Working at alternate employment
School or Training Other: _____

THIS SECTION IS OPTIONAL, YOU ARE NOT REQUIRED TO COMPLETE IT

This section is protected by the Alaska Human Rights law (AS 18.80.225)

What is your ethnic origin: (circle your answers)

Permit Holder Alaska Native Caucasian Black Asian Hispanic Other _____
Transferee Alaska Native Caucasian Black Asian Hispanic Other _____

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.

REQUIRED PHYSICIAN STATEMENT:

By signing this form, I _____ (permit holder) authorize the examining physician, clinic and/or hospital to release confidential information regarding his or her medical records to the Entry Commission.

Signature of permit holder

Date

Physician's Name: _____

Address : _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

You are the Patient's: regular physician specialist village health aide emergency medical care provider
 other, specify _____

PLEASE PRINT CLEARLY:

1. What date did you examine the patient: _____

2. What complaint did the patient present and what was the date of onset: _____

3. What did your examination consist of: _____

4. What is your diagnosis of the illness or disability: _____

5. The diagnosis is based upon: information provided verbally by patient medical records and history
 examination and observation blood work, X-rays, other tests or procedures; specify _____

6. If the diagnosis is back pain or injury to the back, attach clinical notes describing the tests performed and their results:

7. Describe the patient's current physical limitations: _____

8. Have you previously seen the patient for the same or a related problem? NO YES If yes, indicate when and provide relevant history:

9. What treatment have you prescribed: _____

10. What is the prognosis and expected duration of the problem? _____

I certify that the information provided by me above and in all attachments is true and correct to the best of my knowledge and that it is provided solely at the request of the permit holder to enable the Entry Commission to review the attached transfer request on a factual and objective basis. I understand that I may be contacted by the Entry Commission to answer further questions or testify about my diagnosis.

Signature of Physician or Medical Examiner

Date



Commercial Fisheries Entry Commission Credit Card Authorization

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

I authorize the Commercial Fisheries Entry Commission (CFEC) to charge the card listed below. This payment is for the items and amount listed, and is valid for a one-time use.

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:		\$
Duplicate Fees:		\$
Immediate Fishing Fees:		\$
<input type="checkbox"/> 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 #: _____ - _____ - _____ - _____

Note: The Commercial Fisheries Entry Commission does not retain credit card information.