



# Commercial Fisheries Entry Commission Request to Transfer Legal Ownership

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

DCCED Loan Number: \_\_\_\_\_

CFAB Loan Number: \_\_\_\_\_

CFEC Permit Number: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Transfer Officer: \_\_\_\_\_

## **Part I: To be Completed by the Permit Holder (Equitable Owner)**

I, \_\_\_\_\_, request the Commercial Fisheries Entry Commission transfer legal ownership to the agency listed in Part II of this form.

Permanent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

## **Part II: To be Completed by Legal Owner**

- DCCED, PO Box 110802, Juneau, AK 99811-0802
- DCCED, 550 West 7th Ave. #1770, Anchorage, AK 99501-3569
- CFAB, PO Box 92070, Anchorage, AK 99509-2070

Agency contact person \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

## **Part III: Affidavit**

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 this transfer; that this transfer is not requested as part of, nor in anticipation of, any retained right of repossession or foreclosure, lease, pledge, mortgage, agreement requiring a subsequent transfer, or other encumbrance involving this permit, except as part of a transfer financed in accordance with current law; 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 form or submitting false documentation in support of this transfer request is a crime 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 permit I may hold.

Equitable Owner \_\_\_\_\_  
Signature

Legal Owner \_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

Notary Public (or Postmaster in Alaska) \_\_\_\_\_

Notary Public (or Postmaster in Alaska) \_\_\_\_\_

Commission expires \_\_\_\_\_

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.