Please use this form to apply for a 2019 Special Harvest Area (Hatchery) permit. Complete the agent designation on page two, make three copies and send the original to the Commercial Fisheries Entry Commission (CFEC). Please keep one copy for the hatchery’s records and provide one copy to the named agent.

The agent must have the agent designation form in their possession at all times while operating gear under the terms of the permit. The agent must also hold a valid crew member license, an interim-use or limited entry permit and have valid photo ID.

A permit fee of $75.00 for each hatchery is required. Payment may be submitted by check, money order or the attached credit card authorization. Additionally, you may submit your application form by fax or email to dfg.cfec.licensing@alaska.gov.

Permit Number: ______________________

**Hatchery Information:**

Hatchery Name: __________________________________________________________

Permanent Mailing Address: ________________________________________________

City: ___________ State: _____ Zip: _______ Agent or Contact Person: ________________________

Phone Number: ___________ Check if Unlisted ___ Email Address: __________________________

Hatchery Location: _________________________________________________________

Areas to be Fished: _______________________________________________________

Fishery Resources to be Harvested: ____________________________________________

Types of Gear: _____________________________ ADFG Number(s) Being Fished:____________

PNP Hatchery Permit Number: _________________________ Number of Cards: ___________

Temporary Mailing Address (for these permits): _________________________________

City: ________________________ State: ___________ Zip: ____________

**Certification:**

I certify that all of the information contained herein is true and complete and that all requirements of AS 16.43.400-440 and 20 AAC 05.571-572 have been met.

_______________________________________ ____________________________________    ____________
Signature of Agent     Title                           Date
Name of Institution: ________________________________________________________________

Name of Agent: ______________________________________________________________________

Mailing address of Agent: ____________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Eye Color</th>
<th>Hair Color</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Is authorized to use the *Special Harvest Area Permit* to Harvest:

<table>
<thead>
<tr>
<th>Fishery Resource</th>
<th>Legal Gear</th>
<th>Administrative Area</th>
</tr>
</thead>
</table>

________________________
Designated Authorized Agent Signature

________________________
Title

________________________
Date

________________________
Institution Representative Signature

________________________
Title

________________________
Date
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.

<table>
<thead>
<tr>
<th>Item(s)</th>
<th>Enter Permit &amp; Vessel Numbers</th>
<th>Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit(s):</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Vessel(s):</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Transfer Fees:</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Duplicate Fees:</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Immediate Fishing Fees:</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

___________ 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.