

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:				
FAB Loan Number: Date Approved:				
CFEC Permit Number:	fer Officer:	icer:		
Part I: To be Completed by the Per	mit Holder (Equitable Owner)		
I,agency listed in Part II of this form.	, request the Commercial Fisheries	Entry Commission transfer	legal ownership to the	
Permanent Mailing Address	City	State	Zip	
Phone Number: Check if unlisted	Email Address:		_	
Part II: To be Completed by Legal (
☐ DCCED, PO Box 110802, June	eau, AK 99811-0802			
☐ DCCED, 550 West 7th Ave. #1	770, Anchorage, AK 99501-3569			
☐ CFAB, PO Box 92070, Anchora	age, AK 99509-2070			
Agency contact person	Title	Phone		
Part III: Affidavit Certification: I swear, under penalty of perjury, that complete, and accurately describes the terms and intentionally submitting false documentation in supline and may subject me to administrative fines, su equested as part of, nor in anticipation of, any retain subsequent transfer, or other encumbrance involving prohibited by law or court order from being a party	conditions of my request. I understand to port of my request is a crime punishable ispension of fishing privileges, and revoca- ained right of repossession or foreclosure ing this permit, except as part of a transfe	hat intentionally making a fal by up to one year of impriso ation of any permit I may hol e, lease, pledge, mortgage, a	lse claim on this form or nment and/or a \$25,000 d. this transfer is not agreement requiring a	
Equitable OwnerSignature	Legal Owner	Signature		
Subscribed and sworn to before me this	day of Subscribed and sw	vorn to before me this	day of	
,at		,at		
Notary Public (or Postmaster in Alaska	Notary Publi	Notary Public (or Postmaster in Alaska)		
Commission expires	Commission expir	 res		

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.