

Commercial Fisheries Entry Commission



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Account Request – Confidential Data Access

Please check one:

New Account

Delete Account

Account Owner (requestor) name – print clearly

Title

Department

Division

Email address

Telephone

Confidentiality Guidelines: Personal information (birthdate, SSN, etc) and fish ticket data (e.g., whether or not a person fished in a given year) accessible through this system is **confidential**. Individuals seeking access to this data must agree to maintain the confidentiality of the data as set forth in AS 16.05.815, AS 44.99.350, and other relevant federal and/or state laws and regulations.

By signing below, I acknowledge that I have read the confidentiality guidelines referenced above, that I am responsible for the security of this information, and that unauthorized use and/or sharing of any information obtained through this system is punishable under Alaska Statute 11.56.860 and/or other governing state and federal law. I certify that the requested access is necessary to perform my job. The above information is true and correct to the best of my knowledge.

Signature of Requestor/Employee

Date

This section to be completed by Requestor's direct supervisor.

Supervisor name – print clearly

Title

Department

Division

Email address

Telephone

Please check a box for each question:

- Yes No *I am the employee/requestor's immediate supervisor.*
- Yes No *Access to the CFEC system is necessary for the performance of the employee's job.*
- Yes No *I authorize the employee's access to the CFEC restricted access data portal, including the protected private, personal information (PPI) and other confidential data contained therein.*
- Yes No *I certify that systems/procedures that comply with state and federal laws governing data confidentiality and security are in place to ensure the proper handling/security of protected/confidential data accessed through CFEC's restricted access portal.*
- Yes No *I certify that systems/procedures that comply with state and federal laws governing data confidentiality and security are in place to promptly identify and respond to any suspected or actual data/privacy breach.*
- Yes No *I certify that the requestor/employee has successfully completed training on the above referenced systems/procedures.*
- Yes No *I agree that I will provide immediate notice of any suspected or actual breach of protected PPI and/or other confidential data to the CFEC IT Lead (dfg.cfec.it@alaska.gov).*
- Yes No *I agree that I will notify the CFEC IT Lead when the employee no longer requires access to the CFEC's restricted access data portal and/or when the person is no longer employed by the agency.*

By signing below, I certify that the above information is true and correct, to the best of my knowledge.

Signature of Supervisor

Date

CFEC Use Only. Acct ID: _____ Password: _____ Date: _____