



STATE OF ALASKA
Commercial Fisheries Entry Commission

P.O. Box 110302
Juneau, Alaska 99811-0302

Phone: (907) 789-6150
Fax: Not Accepted / Call for Assistance
Website: www.cfec.state.ak.us

REQUEST FOR RELEASE OF FISH TICKET INFORMATION TO A THIRD PARTY

The undersigned permittee holds (or has held) limited entry or interim-use permits issued by the Alaska Commercial Fisheries Entry Commission (CFEC). By signing and submitting this form to CFEC, the permittee authorizes the person designated below (as Third Party) to receive and use confidential data that CFEC will release directly to that person.

Permit Holder Information

Form with fields for Permit Holder Name, CFEC ID, Telephone Number, Mailing Address, Social Security Number, City, State, Zip Code, Email Address, and a checkbox for data email.

Information Requested

Form with instructions and checkboxes for Specific Year(s), Specific Vessel(s), All Permits All Years, and Date authorization to release fish ticket data expires.

Third Party

Form with fields for Name of Authorized Individual or Representative, Telephone Number, Mailing Address, Email Address, City, State, Zip Code, and a checkbox for data email to third party.

Certification: 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 my request.

Notary

Form with fields for Signature of Permit Holder, date sworn to, My Commission expires, and Notary or Alaskan Postmaster.

Notary Seal or Stamp Here

Please enclose a check or money order for \$55.00 payable to State of Alaska



STATE OF ALASKA
COMMERCIAL FISHERIES ENTRY COMMISSION
P.O. BOX 110302
Juneau, Alaska 99811-0302

Phone:(907)789-6150
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Website: www.cfec.state.ak.us

Method of Payment Form

CHECK OR MONEY ORDER

CREDIT CARD

Please remit \$55.00. Please make checks payable to: **State of Alaska**

CREDIT CARD INFORMATION:

VISA

MASTERCARD

DISCOVER

Name on credit card

Card holder phone number

Credit card billing address

City

State

Zip

_____-_____-_____-_____
Credit card number

_____/_____
Expiration date

3 Digit security code

Signature of card holder: _____ Copy of receipt: Email Mail None