



Commercial Fisheries Entry Commission 2026 Special Harvest Area Permit Application

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

Please use this form to apply for a 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 **907-789-6170**, email: dfg.cfec.licensing@alaska.gov or mail.

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 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. I understand that intentionally making a false claim on this form or intentionally submitting false documentation in support of my request is a crime punishable by up to one year of imprisonment and/or a \$25,000 fine and may subject me to administrative fines, suspension of fishing privileges, and revocation of any permit I may hold.

Signature of Agent

Title

Date



Commercial Fisheries Entry Commission 2026 Special Harvest Area Permit Agent Designation Form

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Name of Institution: _____

Name of Agent: _____

Mailing address of Agent: _____

Height	Weight	Eye Color	Hair Color	Date of Birth
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Is authorized to use the *Special Harvest Area Permit* to Harvest:

Fishery Resource	Legal Gear	Administrative Area
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Designated Authorized Agent Signature	Title	Date
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Institution Representative Signature	Title	Date
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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.



Commercial Fisheries Entry Commission Credit Card Authorization

PO Box 110302
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I authorize the Commercial Fisheries Entry Commission (CFEC) to charge the card listed below. This payment is only valid for the items and amount listed.

Please indicate the permit and/or vessel numbers in the space provided and the total amount you are authorizing your card to be charged.

FEES TO BE CHARGED TO CARD		
Item(s)	Enter Permit & Vessel Numbers	Fee Amount
Permit(s):		\$
Vessel(s):		\$
Transfer Fees (\$50):		\$
Duplicate Fees (\$20):		\$
Immediate Fishing (\$80):		\$
Total amount to be charged \$ _____		
FOR EXPRESS MAIL THERE IS A \$15 CFEC SERVICE FEE PLUS THE USPS CURRENT RATE.		
Check this box if you want to be charged the express mail fees.		

Name of Cardholder: _____
Cardholder Phone Number: _____
Cardholder Signature: _____ Date: _____
Card type: Visa Mastercard Discover
Expiration Date: ____ / ____
Credit Card #: _____ - _____ - _____ - _____
DO NOT EMAIL THIS FORM. PLEASE FAX OR MAIL FORM