



STATE OF ALASKA
Commercial Fisheries Entry Commission
 P.O. Box 110302
 Juneau, Alaska 99811-0302
 Phone: (907) 789-6160
 Fax: Not Accepted / Call for Info
 Website: www.cfec.state.ak.us

REQUEST FOR FISH TICKET INFORMATION

Permit Holder Information

Permit Holder Name _____		Telephone Number _____	
Mailing Address _____		CFEC number or Social Security Number _____	
City _____	State _____	Zip Code _____	Email Address for Copy (optional) _____

Permit Information

You may request catch history information for all years for all permits you've held, or for specific permits or years. Check the appropriate box and enter year(s) and permit number(s) if applicable. The earliest year fish ticket data is available is 1975.

All permits held, catch history for all years fished

Specific permit(s), specific year(s)

Year (s)	Permit #
NO DATA for 2025	_____
_____	_____
_____	_____

All permits held, catch records for specific year(s)

Year (s)

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.

Notary

_____ Signature of Permit Holder	
Subscribed and sworn to before me this _____ day of _____, 20 _____.	
My Commission expires _____ Month/Day/Year	_____ Notary or Alaskan Postmaster

NOTARY STAMP HERE

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



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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__