Commercial Fisheries Entry Commission
2027 Educational 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 2027 educational entry permit. Complete the agent designation on page two, make three copies and send the original to the Commercial Fisheries Entry Commission (CFEC). Keep one copy for the institution's records and give one copy to the named agent. Under the terms of the permit, the agent must have the agent designation form in their possession at all times while operating gear. The agent must also hold a valid crew member license, interim-use or limited entry permit issued by the CFEC.

While participating in fishing activities, the agent must be able to present valid photo ID, upon request. Be sure to include copies of cover letters introducing the proposal to your local Alaska Department of Fish and Game advisory committee, ADFG area management biologist and Fish & Wildlife Protection office. A permit fee of $75.00 for each institution is required. Payment may be submitted by check, money order or the attached credit card authorization by fax: **907-789-6170** email: **dfg.cfec.licensing@alaska.gov** or mail.

Permit Number: _____

This application and payment must be submitted before February 1, 2027.

Educational Institution Information:

Institution Name: _____

Type of Institution: _____ Date Accredited: _____

Permanent Mailing Address: _____

City: _____ State: ____ Zip: _____ Agent or contact person: _____

Phone Number: _____ Check if Unlisted ☐ Email Address: _____

Temporary Mailing Address (for these permits): _____

City: _____ State: ____ Zip: _____

Name of Certifying Institution _____

Fishery Resource to be Harvested _____ Areas to be Fished _____

Types of Gear to be Fished _____ Number of Cards Needed _____

ADFG Number(s) to be Fished _____

Agent Information:

Agents Designated to use the Permit (continued on next page)

Name	Social Security Number	Birth Date	Address

Certification:

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 and Printed Name of Agent _____ Title _____ Date _____

Agent Information:

Agents designated to use the permit

Name	Social Security Number	Birth Date	Address

Program Information:

Please describe the study plan, courses to be offered and topics covered, schedule of classes, and names of instructors. Attach a copy of the program outline, if available.

ANTICIPATED BUDGET FOR PROGRAM:

Item	Amount	Description
Travel	$ _____	_____
Food/Lodging	$ _____	_____
Fishing Gear	$ _____	_____
Vessel(s)	$ _____	_____
Fuel	$ _____	_____
Instructor Salaries	$ _____	_____
Student Stipends	$ _____	_____
Insurance	$ _____	_____
Supplies & Equipment	$ _____	_____
Miscellaneous	$ _____	_____
TOTAL BUDGET	$ _____	

EDUCATIONAL PERMIT AGENT DESIGNATION FORM:

Name of Institution _____

Name of Agent _____

Mailing Address of Agent: _____

_____

Height Weight Eye Color Hair Color Date of Birth

Is Authorized to use the Educational Area Permit to Harvest:

_____

Fishery Resource Legal Gear Administrative Area

_____ _____

Designated Authorized Agent Signature Title Date

_____ _____

Institution Rrepresentative Signature Title Date

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.

Enter Permit & Vessel Numbers

Non-Resident fee of $160 is due once per year

Item(s)		Fee Amount
Permit(s):		$
Vessel(s):		$
Transfer Fees ($50):		$
Duplicate Fees ($20):		$
Immediate Application($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: _____ ☐ Check here to pay by phone

Cardholder Signature: _____ Date: _____

Card type: ◯ Visa ◯ Mastercard ◯ Discover

Expiration Date: _____ / _____

Credit Card #: _____ - _____ - _____ - _____

Note: The Commercial Fisheries Entry Commission does not retain credit card information.

Revised September 2026