Commercial Fisheries Entry Commission
Instructions for Emergency Transfer Request

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

General Information: PLEASE READ

- The legislature designed the limited entry permit system to ensure commercial fishing privileges in Alaska benefit **individuals** who **actively participate** in the fishery. Consequently, the leasing of entry permits is generally prohibited.
- However, a temporary emergency transfer may be granted to alleviate hardship if illness, disability, death, required military or government service, or other **unavoidable hardship prevents** a permit holder from participating in the fishery. Note: "hardship" means privation and suffering, and does not include the results of a permit holder's own economic decisions, nor the results of economic, biological, or regulatory variables which are normally part of the risk of doing business as a fisherman.
- Emergency transfer requests are evaluated on a case-by-case basis by the Commission; only those requests authorized under the CFEC transfer regulations will be granted. 20 AAC 05.1740(b),(i); 20 AAC 05.1750(b),(f).
- The burden of proof is on the applicant to prove an emergency transfer request complies with CFEC regulations. Applicants are encouraged to answer all questions on the application form as specifically and completely as possible; blank or one-word answers may result in a denial of the request. Applicants may be asked by staff to submit additional information in support of a transfer request; failure to provide such information may result in a delay or denial of the request.

Instructions:

To request an emergency transfer as a permit holder:

- Please refer to CFEC regulations 20 AAC 05.1740(b) and 20 AAC 05.1740(i).
- If the transfer request is due to an illness, injury or disability, a "physician's statement" form completed by a medical professional who examined the applicant is required.
- Be sure to identify **all** hardships (injuries/illnesses) that currently prevent you from fishing.
- If you are dealing with a long-term illness or injury, be sure to describe your efforts/plan to return to the fishery in the future.

To request an emergency transfer on behalf of a permit held by an estate:

- A Personal Representative authorized by a court should complete the application form. If a Personal Representative has not been appointed, the surviving spouse or next of kin may complete the application.
- A death certificate must be provided to CFEC along with the application (unless a copy is already on file).
- A "physician's statement" form IS NOT required.
- The applicant must provide proof that the probate process has not been finalized and/or is still ongoing. 20 AAC 05.1750(b).

To request an emergency transfer if you received the permit by right of survivorship, designation, or inheritance:

- Emergency transfers may be granted for the 3 years after the decedent's death. 20 AAC 05.1750(f).
- Additional emergency transfers may be granted beyond the 3-year period if there are 'extraordinary circumstances' involved.

ATTENTION ALL APPLICANTS:

- The entire application form must be completed by both the permit holder and the proposed transferee.
- The annual permit renewal fee must be paid. Include a permit application form if the permit has not been renewed.
- If an embossed permit card has already been issued for the current year, the applicant must return the card or provide CFEC with proof that the card has been destroyed.
- A $50.00 transfer fee must be submitted.
- The signatures on the application form must be notarized, but the parties do not have to sign it at the same time or place.
- If the transferee will be fishing from a vessel that is not licensed for the current year, the transferee must submit a 'Vessel License Application' and pay the applicable fee before an embossed permit card can be issued. 20 AAC 05.560(e).
- Where an illness, disability, or other unavoidable hardship began or death occurred in close proximity to the opening of fishing season or during the fishing season, the Commission or agent of the Commission may authorize temporary fishing privileges while a properly filed request for an emergency transfer is under review by CFEC. 20 AAC 05.1740(g).
- **PLEASE NOTE:** If during the emergency transfer period the transferee engages in conduct which generates demerit points in a salmon fishery, the transferor will be assessed the same number of demerit points as the transferee. AS 16.43.855(d).

Processing of the request and right to request a hearing:

Please send emergency transfer requests or questions to **dfg.cfec.transfers@alaska.gov**. You may also call CFEC Licensing at 907-789-6150 during office hours (M-F, 8a-5p AK Time). Staff will evaluate the emergency transfer request pursuant to CFEC regulations, including 20 AAC 05.1740(b), 20 AAC 05.1740(i), and 20 AAC 05.1750(f). Staff will make a determination and notify you of the result as soon as possible. If your request is denied, you will be notified of the denial and have an opportunity to request an administrative hearing to challenge the decision. The hearing may be conducted by telephone.

Payment Information:

Credit card payments may be submitted using the attached credit card authorization via mail or fax. Checks, money orders, and cashier's checks may be submitted with this form and mailed to our office. Please do NOT send credit card information via email.

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PLEASE ALLOW UP TO 2 WEEKS FOR PROCESSING TIME

All portions of this form must be completed and submitted along with the following: a $50.00 transfer processing fee, the annual permit renewal fee (if not already paid), and the current year permit card (if already issued). Failure to complete any portion of this form in sufficient detail may result in a delay or denial of the request.

Date Approved: _____ Transfer Officer: _____

PERMIT HOLDER INFORMATION: Must be Completed by the Current Permit Holder

I _____, request an emergency transfer of my permit, _____

Name of Permit Holder **(print clearly)** Permit Number

_____ _____ _____ ☐ _____

Permanent Mailing Address CFEC ID Number Phone Number check if unlisted Email Address

_____ _____ _____

City State Zip

PERMIT RENEWAL INFORMATION: If you have already renewed your permit for this year, you may skip the following questions about residency.

Please carefully review the following definition of residency:

"For the purpose of assessing fees for the application for, annual issuance of, or renewal of entry and interim-use permits, an individual is a resident of this state if, on the date of permit application, issuance, or renewal, and throughout the 12-month period before that date, that individual maintained their domicile in this state and neither claimed residency in another state, territory, or country nor obtained benefits under a claim of residency in another state, territory, or country." 20 AAC 05.290.

Do you qualify as an Alaska resident under this definition? ☐ YES ☐ NO

If you claim Alaska residency, please provide some additional information for verification:

1. What is your current physical address? (no PO boxes) _____
2. Within the previous 365 days, have you resided anywhere else? ☐ YES ☐ NO. If yes, where? _____
3. Do you have a current Alaska driver's license or other Alaska ID? ☐ YES ☐ NO. If yes, provide number: _____

PROPOSED TRANSFEREE INFORMATION: Must be Completed by the Proposed Transferee

_____ _____ _____ _____

Name of Transferee (please print clearly) Social Security Number Date of Birth ADFG Number

_____ _____ _____ _____

Permanent Mailing Address City State Zip

_____ _____ _____ _____

Temporary Mailing Address (for this permit) City State Zip

_____ ☐ _____ **CITIZENSHIP:** ☐ US Citizen ☐ Alien Reg#_____

Phone Number Check if unlisted Email Address (Aliens must enclose copy of green card)

AFFIDAVIT: Both Parties must read and sign under oath before a Notary Public (or Postmaster in Alaska). 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. **WARNING:** If you provide false information on this form, you may be convicted of a Class B felony under AS 11.56.200 and/or a Class A misdemeanor under AS 11.56.210; you may also be subject to administrative fines, suspension of fishing privileges, and revocation of any permits you hold under AS 16.43.960(a). The sentence for a Class A misdemeanor may include a fine up to $25,000 and/or imprisonment of not more than one year, pursuant to AS 12.55.035 and AS 12.55.135.

Permit Holder: _____
Signature

Subscribed and sworn to before me this _____day of _____, 20__ at _____

_____
Notary Public (or Postmaster in Alaska)

Commission Expires: _____ Notary Stamp

Transferee: _____
Signature

Subscribed and sworn to before me this _____day of _____,20__at_____

_____
Notary Public (or Postmaster in Alaska)

Commission Expires: _____ Notary Stamp

Please submit this application form to **dfg.cfec.transfers@alaska.gov**; you may also submit the application via U.S. mail or by **fax**: **907-789-6170.** Please allow up to 2 weeks for processing. **If the fishery involved with the transfer request is already open for the season or about to open, please immediately notify staff of that issue.** 20 AAC 05.1740(g).

_____ _____ _____

CFEC Fishery Permit Number/Alpha (CFEC USE ONLY)Year/Sequence/Alpha

IF CFEC HAS AUTHORIZED USE OF THIS FORM FOR FISHING, PLEASE MAKE SUFFICIENT COPIES TO PROVIDE WITH EACH LANDING

_____ _____ _____ _____

Signature of Agent Name and Title Date valid Valid through

REQUIRED EMERGENCY TRANSFER INFORMATION: MUST BE FILLED OUT BY PERMIT HOLDER
Please carefully review the instructions on page one before completing this form.

1. Is this request due to an illness, injury, or other unavoidable hardship that began, or death that occurred, **within the last 14 days?** ☐ YES ☐ NO (*If no, please proceed to question #2*).

2. Is your permit a nontransferable permit? ☐ YES ☐ NO *(If your permit is transferable, please proceed to question #3).*

   If your permit is 'nontransferable', how would a transfer help to 'continue' your fishing operation? For example, whose vessel, gear, setnet site, or dive operation will be used if the transfer is granted? Will former crew members remain engaged in the operation if the transfer is granted? Please explain.

3. Is the transfer request due to a physical limitation such as an injury or illness? ☐ YES ☐ NO

   If yes, when did the injury/illness first occur? Please explain how your current physical condition prevents you from being able to participate in the upcoming fishing season. **If you are dealing with multiple injuries or illnesses, please mention and describe all conditions that currently prevent you from fishing.**

   If no, please describe your unavoidable hardship. Please specifically explain how the hardship prevents you from being able to participate in the upcoming fishing season.

4. Did your illness/injury/hardship also prevent you from participating in the fishery in a previous fishing season? ☐ YES ☐ NO (*If you answered no, please proceed to question #5*).

   If yes, in which years? Has the nature of the illness/injury/hardship changed or worsened over the years? Please describe what, if any, steps you have taken to overcome the situation or manage the problem. Please be specific.

REQUIRED EMERGENCY TRANSFER INFORMATION: MUST BE FILLED OUT BY THE PERMIT HOLDER

5. At any point in the preceding 365 days did you intend to participate in the upcoming season? ☐ YES ☐ NO

If yes, please describe the nature of your intention and what, if any, preparations you made to participate in the upcoming fishing season. Please be as specific as possible.

If no, what is your long-term plan for this fishing permit? If you intend to participate in future seasons, please describe your plan to return to the fishery and any efforts you have made towards that goal. *Please be specific.*

6. Have you participated in any commercial fishery (in Alaska or other state) in the preceding 365 days? ☐ YES ☐ NO

If yes, please name the fishery (or fisheries) and describe the nature of your involvement, including any physical labor that was performed.

If no, when was the last time you participated in a commercial fishery (in Alaska or any other state)? Please name the fishery and describe the nature of your involvement. During your absence from commercial fishing have you worked other jobs? If yes, please describe the nature of work performed at the job(s).

7. Will you be working at another job during the upcoming fishing season? ☐ YES ☐ NO

If yes, where will you be working? Please provide name and address of employer. Please describe the nature of the work, including any physical labor to be performed.

If no, what will you be doing during the fishing season? Where will you be?

REQUIRED EMERGENCY TRANSFER INFORMATION

TO BE COMPLETED ONLY BY THE PROPOSED TRANSFEREE

1. How did you locate this permit for emergency transfer? (select one answer)

◯ Relative or personal friend ◯ Permit Broker ◯ Advertisement
◯ Casual acquaintance ◯ Fish Processor ◯ Other (explain) _____

2. What is your relationship to the permit holder? (select one answer)

◯ None ◯ Personal friend ◯ Other relative
◯ Business partner/crewmember ◯ Member of immediate family ◯ Other (explain) _____

3. Who owns the vessel or site that you will be fishing? (select one answer)

◯ Myself ◯ Fish Company or Processor
◯ Permit Holder ◯ Other (explain) _____

4. What are the agreed upon terms for the use of the permit?

Flat fee of $_____ paid to the permit holder.
Percentage of gross earnings, _____%
Combination of flat fee and percentage, the flat fee $_____ and percentage _____%
Payment in Trade, indicate what is being traded and its estimated value: _____ Value $_____
No payment to the permit holder (explain) _____
Other (explain) _____

5. Are you paying a commission or fee to a broker or other agent? ◯ NO ◯ YES

If yes, indicate which firm or person is acting as broker: _____

6. How much are you paying in brokers' fees or commissions? _____

7. Is there any agreement concerning future transfers of this permit? ◯ NO ◯ YES
If yes, explain _____

TO BE COMPLETED ONLY BY THE PERMIT HOLDER

1. Are you using the service of a broker or other agent to assist with this transfer? ◯ NO ◯ YES

If yes, which firm or person is acting as broker? _____

2. How much are you paying in brokers' fees or commissions? $_____

3. Who advised you to seek an emergency transfer of your permit? (select one answer)

◯ Entry Commission staff ◯ Fish Processor ◯ Other (specify) _____
◯ Dept. of Fish and Game staff ◯ Business partner/crewmember
◯ Permit Broker ◯ Myself

4. If you are receiving payment for the use of the permit, when is to be paid? (select one answer)

◯ At the time of transfer ◯ In periodic payments during the season
◯ At the end of the season Other (explain) _____

5. What is your reason for transferring this permit? (select one answer)

◯ Injury or accident ◯ Death of permit holder ◯ Government/Military service
◯ Illness or other health problem ◯ Incarceration ◯ Financial or economic hardship
◯ Immediate family illness or death ◯ Pregnancy ◯ Working at alternate employment
◯ School or Training Other: _____

THIS SECTION IS OPTIONAL, YOU ARE NOT REQUIRED TO COMPLETE IT The section is protected by the Alaska Human Rights Law AS 18.80.255.

What is your ethnic origin:

Permit Holder Alaska Native ☐ Caucasian ☐ Black ☐ Asian ☐ Hispanic ☐ Other _____
Transferee Alaska Native ☐ Caucasian ☐ Black ☐ Asian ☐ Hispanic ☐ Other _____

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.

REQUIRED PHYSICIAN STATEMENT:

By signing this form, I _____ (**permit holder**) authorize the examining physician, clinic and/or hospital to release confidential information regarding his or her medical records to the Entry Commission.

_____ _____

Signature of permit holder Date

Physician's Name: _____

Address : _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

You are the Patient's: ☐ regular physician ☐ specialist ☐ village health aide ☐ emergency medical care provider ☐ other, specify _____

PLEASE PRINT CLEARLY:

1. What date did you examine the patient: _____

2. What was the onset date and what complaint did the patient present: _____

3. What did your examination consist of:_____

_____

4. What is your diagnosis of the illness or disability: _____

_____

5. The diagnosis is based upon: ☐ information provided verbally by patient; ☐ medical records and history; ☐ examination and observation; ☐ blood work, X-rays; ☐ other tests or procedures, including: _____

6. If the diagnosis is back pain or injury to the back, attach clinical notes describing the tests performed and their results:

_____

7. Describe the patient's current physical limitations: _____

_____

8. Have you previously seen the patient for the same or a related problem? ☐ NO ☐ YES If yes, indicate when and provide relevant history:

_____

_____

_____

9. What treatment(s) have you been prescribed (including prescribed medications, recommendations regarding physical activity, dietary recommendations, etc.)? _____

_____

10. What is the prognosis and expected duration of the problem? _____

_____

_____

I certify that the information provided by me above and in all attachments is true and correct to the best of my knowledge and that it is provided solely at the request of the permit holder to enable the Entry Commission to review the attached transfer request on a factual and objective basis. I understand that I may be contacted by the Entry Commission to answer further questions or testify about my diagnosis.

_____ _____

Signature of Physician or Medical Examiner Date

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