Commercial Fisheries Entry Commission
Request to Transfer Legal Ownership

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

DCCED Loan Number: _____

CFAB Loan Number: _____ Date Approved: _____

CFEC Permit Number: _____ Transfer Officer: _____

Part I: To be Completed by the Permit Holder (Equitable Owner)

I, _____, request the Commercial Fisheries Entry Commission transfer legal ownership to the agency listed in Part II of this form.

_____
Permanent Mailing Address City State Zip

Phone Number: _____ Email Address: _____
Check if unlisted ____

Part II: To be Completed by Legal Owner

☐ DCCED, PO Box 110802, Juneau, AK 99811-0802

☐ DCCED, 550 West 7th Ave. #1770, Anchorage, AK 99501-3569

☐ CFAB, PO Box 92070, Anchorage, AK 99509-2070

_____ _____
Agency contact person Title Phone

Part III: Affidavit

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. this transfer is not requested as part of, nor in anticipation of, any retained right of repossession or foreclosure, lease, pledge, mortgage, agreement requiring a subsequent transfer, or other encumbrance involving this permit, except as part of a transfer financed in accordance with current law. I am not prohibited by law or court order from being a party to this transfer.

Equitable Owner:_____
Signature

Subscribed and sworn before me this_____day of_____, 20___, at_____

_____
Notary Public (or Postmaster in Alaska)

_____
Commission Expires Notary Stamp

Legal Owner:_____
Signature

Subscribed and sworn before me this_____day of_____, 20___, at_____

_____
Notary Public (or Postmaster in Alaska)

_____
Commission Expires Notary Stamp

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.