

## **Commercial Fisheries Entry Commission Request for Return of Original Permit**

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 request a permit be returned to its original permit holder after it has been emergency transferred to another individual. The permit card that was issued to the transferee must accompany this completed form.

			Date Approve	d: Transfer Officer:	
Permit Holder Informat	ion:				
Permit Holder's Name:			CFEC ID#	Date of Birth:	
Permanent Mailing address: _					
City:	State:	Zip:	Phone Number:	Check if Unlisted	
Temporary Mailing Address (fo	r this permit): _				
City:	State:	Zip:			
To be Completed by t	he Permit	Holder:			
I am requesting my permit:		be return	ned to me for the following	reason:	
I want to emergency tran	sfer the permit	to a new transfere	e.		
I am now able to participa	ate in the fisher	y and I intend to fis	sh the remainder of the sea	ason.	
I want the permit back in	my name at this	s time but I will not	be fishing the remainder	of the year.	
You must provide the ADFG nu	ımber of the ve	ssel that you will be	e fishing:		
Permit Holder Signature			С	pate	
CFEC staff must authorize to dfg.cfec.transfers@alaska.g	he permit hold gov. Once the e	er to begin fishin email is received a	g with a copy of this pag determination will be mad	e. If it is after business hours, please sende and you will be contacted as soon as pos	I an email ssible.
CFEC Fishery	Permit N	umber/Alpha	(CFEC USE C	NLY) Year/Sequence/Alpha	
				PLEASE MAKE SUFFICIENT COPIES OF FORM TO PROVIDE WITH EACH LAND THE PROCESSOR	_
Signature of Agent		Printed	d Name and Title	 Date Valid	