



20\_\_ Proxy Fishing Form See instructions on reverse

Providing false information on this form is subject to punishment as a misdemeanor under AS 16.05.420 and AS 11.56.210

This form provides information about an Alaskan resident (Proxy) who wishes to take finfish or shellfish on behalf of another Alaskan resident (Beneficiary) who is blind AS 16.05.403 (a), 70% physically disabled AS 16.05.940 (26), developmentally disabled AS 16.05.940 (25) (A-G) or 65 years of age or older, in accordance with AS 16.05.405, 5 AAC 75.011, 5 AAC 77.016, 5 AAC 01.011, and 5 AAC 02.011, and to provide information about the Beneficiary.

TAKING of HALIBUT by PROXY is UNLAWFUL
Alaska state regulations prohibit the taking of halibut by proxy in sport, personal use, and subsistence fishing.
5 AAC 01.011(b), 5 AAC 75.011(b), 5 AAC 77.016(b)

When proxy fishing, the Proxy must have each of the following in his/her possession:

- 1) the valid sport fishing license of the Proxy AS 16.05.405(c)
2) the sport fishing license or ADF&G Permanent ID card of the Beneficiary
3) all applicable subsistence or personal use permits for BOTH the Proxy and the Beneficiary
4) this completed Proxy Fishing Information Form, signed by ADF&G. Beneficiaries may substitute a written statement authorizing the Proxy for the "Beneficiary" portion of this form, as long as the statement includes all information requested of the Beneficiary below. The Proxy portion below must still be filled out, and the Proxy Fishing Information Form validated by ADF&G.

PERIOD of PROXY AUTHORIZATION: The PROXY named on this form is authorized to fish for the BENEFICIARY named on this form for the following period:
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (only good within a calendar year)

BENEFICIARY INFORMATION (Person receiving the fish)

Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_
Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Alaska resident fishing license number \_\_\_\_\_
[ ] ADF&G Senior License (PID)
[ ] ADF&G Disabled Veteran's License (DAV)
[ ] Regular fishing license (Class 1, 1A, 4, 5, 5A, 5B, or 18 dup. res.)

Type of permit \_\_\_\_\_ Permit # \_\_\_\_\_

Type of permit \_\_\_\_\_ Permit # \_\_\_\_\_

Type of Permit \_\_\_\_\_ Permit # \_\_\_\_\_

REASON FOR PROXY AUTHORIZATION

Beneficiary is:
[ ] 65 years of age or older
[ ] Blind AS 16.05.403(a) affidavit required
[ ] 70% physically disabled AS 16.05.940 (26) affidavit required
[ ] Developmentally disabled AS 16.05.940 (25) (A-G) affidavit required

Proxy Designation

I hereby designate the person identified on this application as my proxy and authorize him/her to harvest fish and shellfish on my behalf. He/She has possession of my resident sport fishing license or ADF&G permanent ID, and my applicable fishing permits. I understand that I may NOT fish at the same time as my Proxy.

X \_\_\_\_\_
Signature of Beneficiary Date

PROXY INFORMATION (Person catching the fish)

Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_
Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Alaska resident fishing license number \_\_\_\_\_

TYPE OF PROXY FISHING:

Check all that apply:
[ ] Sport Fishing 5 AAC 75.011
[ ] Personal Use Fishing 5 AAC 77.016
[ ] Subsistence Finfish 5 AAC 01.011
[ ] Subsistence Shellfish 5 AAC 02.011

I hereby certify that I am the Proxy, that I have read and understand the above statements, and that all of the information I provided on this form is true. I understand that I may not proxy fish for more than one Beneficiary at a time. I may not take more than twice the daily bag limit nor possess more than twice the possession limit. I may not fish with more than one legal limit of gear. I understand that I must fill out the Proxy Fishing Harvest Record card on the back of this form. I agree to deliver all edible parts of the fish or shellfish (harvested for the Beneficiary) to the Beneficiary within 30 days.

X \_\_\_\_\_
Signature of Proxy Date
(must be signed prior to fishing)

Contact your local ADF&G office if you have questions.

ADF&G VALIDATION INSTRUCTIONS: Sign below and make 2 copies. Send ORIGINAL to Division of Sport Fish Research & Technical Services, 333 Raspberry Rd., Anchorage, AK 99518. Keep 1 copy on file in your office, give 1 copy to the proxy.
ADF&G Employee Printed Name X ADF&G Employee Signature Location Date

