



State of Alaska
Department of Fish & Game, Division of Sport Fish-RTS
Saltwater Charter Vessel Logbook Data Release Form

Pursuant to Alaska Statute 16.05.815, individual Saltwater Charter Vessel Logbook records are defined confidential. Business owner/agents requesting release of department records of their participation in a fishery using Saltwater Charter Vessel Logbooks must sign this form in the presence of a notary public. The Department provides an electronic summary of Saltwater Charter Vessel Logbook records. The Department cannot provide photocopies of Saltwater Charter Vessel Logbook records. The Department cannot provide vessel fishing history data. The notarized form may be submitted to any area office of the Alaska Department of Fish and Game, or sent directly to:

Alaska Department of Fish and Game, Division of Sport Fish, RTS (Logbook Program), 333 Raspberry Rd., Anchorage, AK 99518-1599. Phone: (907) 267-2369 .

Please print legibly. Failure to fully complete this form will delay the release of your records. Please allow up to three weeks for processing your information. Thank you.

I, _____, hereby request release of ADF&G *Saltwater Charter Vessel Logbook* records for saltwater charter vessels operated under; _____.
(Please print name of Business Owner/Agent) (Charter Business Name)

Vessel Name (one per line)	Year(s)	AK or USCG Doc. No. or CFEC No. (2004 and earlier)	Business Registration (1998-2004) or License Number (after 2004)	Logbook Number (if known)

I have personally reviewed the above information and certify I am the owner or agent of the above listed business. That I did employ the vessels for the listed year(s) and am authorized to obtain these requested confidential records.

Business Owner or Agent Signature _____ Social Security Number _____
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Mailing Address _____ City _____ State _____ Zip _____ Telephone Number _____

Would you like the results **e-mailed** to you? E-mail address: _____

If the Saltwater Charter Vessel Logbook records are to be sent to another party, please complete the following information:

Name of person to receive records or reports _____

Mailing Address _____ City _____ State _____ Zip _____ Telephone Number _____
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Subscribed and sworn before me: _____ Notary Public: _____
 this _____ day of _____, _____. My Commission expires: _____