



Alaska Department of Fish and Game

2024/25 Preseason Vessel Registration

Must be received by ADF&G no later than: **September 24, 2024 at 5:00 PM**

Preseason registration may be verified online:

<http://www.adfg.alaska.gov/cfregion4/dynamic/shellfish/management/vesreg/index>

Vessel Name: _____ ADF&G #: _____

Will the vessel operate as a catcher-processor this season? YES / NO

Vessels selected for observer coverage: *For those vessels selected for observer coverage, contact the observer contractor, Saltwater Inc., at (907)539-2548 no less than 10 days prior to fishing operations to assure observer availability and prevent delays in fishing operations; the earliest possible notification is essential for coordinating observer coverage. The minimum ADF&G safety and living quarter requirements for observers must be met prior to fishing and can be found in 5 AAC 39.645(i).*

Company Contact

Vessel Contact (inseason)

Company Name: _____	Vessel Operator: _____
Contact Name: _____	Cell Phone: _____
Phone: _____	Satellite Phone: _____
Fax: _____	Dispatch (tag): _____
Email: _____	Email (at sea): _____
Mailing Address: _____	

Complete information for each fishery the vessel is preseason registering for.

☐ Bristol Bay Red King Crab

Approx. Fishing Dates: _____ To: _____

Registration Port (check one): ☐Dutch Harbor ☐Akutan ☐King Cove

Primary Delivery Location (processor): _____

☐ Bering Sea Snow Crab

Approx. Fishing Dates: _____ To: _____

Registration Port (check one): ☐Dutch Harbor ☐Akutan ☐King Cove

Primary Delivery Location (processor): _____

☐ Eastern Bering Sea Tanner Crab

Approx. Fishing Dates: _____ To: _____

Registration Port (check one): ☐Dutch Harbor ☐Akutan ☐King Cove

Primary Delivery Location (processor): _____

☐ Western Bering Sea Tanner Crab

Approx. Fishing Dates: _____ To: _____

Registration Port (check one): ☐Dutch Harbor ☐Akutan ☐King Cove

Primary Delivery Location (processor): _____

Submit form to:

ADF&G Dutch Harbor

Phone: (907) 581-1239

Fax: (907) 581-1572

Email: dfg.dutchharbor@alaska.gov

Department Representative Initials: _____

Date received: _____