



State of Alaska
Department of Fish & Game

Fish Ticket Data Report Request

Pursuant to Alaska Statute 16.05.815, individual fish ticket records are defined as confidential. The Department can provide a data summary of fish ticket landing records to CFEC permit holders. The Fish Ticket Data Report Request must be completed and signed in the presence of a notary public or authorized ADF&G personnel.

The Department cannot provide vessel-based fishing history data. The Department is unable to provide photocopies of fish tickets. This 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 Commercial Fisheries
Information Services Section
P.O. Box 115526, Juneau, AK 99811-5526
Phone: (907) 465-4210 Fax: (907) 465-2604

Halibut landing data is available only from the International Pacific Halibut Commission (206) 634-1838. CFEC permit number landings data is available from 1975 forward.

Please complete every item and print legibly — failure to fully complete this form may cause delays in the release of your records.

Permit Holder

I, _____, hereby request ADF&G fish ticket records of my fishing activity for my following commercial fishing permit number(s):

Enter name of CFEC permit holder here

Provide complete permit number (e.g., M07B00000X)

- 1) _____ 2) _____
Enter CFEC permit number here *Enter CFEC permit number here*
- 3) _____ 4) _____
Enter CFEC permit number here *Enter CFEC permit number here*
- 5) _____ for the year(s) _____
Enter CFEC permit number here *Enter permit year(s)*

Signature of CFEC permit holder *Social Security Number*

Mailing address *Today's Date*

City, State and Zip Code

Telephone number *Fax number* *Email address*

Notary

(required for submission by U.S. or Courier mail)

Subscribed and sworn before me _____
Signature of Notary Public

this _____ day of _____, 20 _____.

My Commission Expires _____.
Month/Day/Year

Notary Seal or
Stamp Here

ADF&G Authorized Personnel

(may be substituted for notarization for walk-in submissions only)

Signature of ADF&G Authorized Personnel *Date Received* _____
Month/Day/Year

Method of Payment Form

Please call or fax the information of this form to: Phone: (907) 465-4210 Fax: (907) 465-2604. For security purposes please do not email any credit card information.

Check Money Order Credit Card

Please remit \$55.00. Please make checks payable to: State of Alaska.

Credit Card Information

VISA Mastercard Discover

Name on credit card

Card holder phone number

Credit card billing address

City, State

ZIP

Credit card number

Expiration date

3-digit security code

Signature of card holder

Date

Send copy of receipt by

Email

USPS mail

Don't send receipt