

DEPARTMENT OF FISH AND GAME

DIVISION OF COMMERCIAL FISHERIES

P.O. BOX 115526 JUNEAU, AK 99811-5526 PHONE: (907) 465-4210 FAX: (907) 465-2604

Certified Record of Naming a Company Agent

I,(printed name)	, hereby certify that I am an authorized representative	
for the company		
processor or primary fish buyer under the ADF&G processor code F I certify that I have		
met the requirements set forth in	5 AAC 39.130. In doing so, I l	nereby authorize the following person(s)
to act on my behalf as an Agent(s) for my company at the location(s) specified:		
Name(s):	Location:	Address to send code plate/fish tickets:
I further realize that the Department can request identification at any time from the named A gent(s)		

I further realize that the Department can request identification at any time from the named Agent(s).

(signature of company representative)

(date)

(signature of ADF&G representative)

(date)

Copies for: _____Regional Office

<u>HQ</u>-Information

_____Applicant

___Agent(s)