

My First Fish



Application for Certificate

Angler Information *(Person who caught the fish):*

Name: _____

Age of Angler: _____ **Email:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Species and Location Details:

Location caught: _____

Date caught: _____

Species Caught: _____

I hereby swear that in taking these fish I complied with all rules and regulations in the location the fish were caught. I further declare that all the above information is true and correct.

* Do you give the Alaska Department of Fish and Game permission to use submitted photographs in print, online or in broadcast media for news and informational or educational purposes without incurring any debts or liabilities of any kind? *(Must be completed by parent or adult guardian of anyone under 18 years of age).*

YES

NO

Name of entrant (or adult): _____
Type name or apply electronic signature

This form and at least one photo of each species can be completed electronically or it can be printed, signed and emailed to dfg.dsf.trophyfish@alaska.gov