

# 2019 SPORT FISH BUSINESS OWNER/GUIDE REGISTRATION APPLICATION

Alaska Department of Fish and Game / Division of Sport Fish - RTS 333 Raspberry Road, Anchorage, Alaska 99518-1565
Telephone: (907) 267-2369 or (907) 267-2299
http://www.adfg.alaska.gov/index.cfm?adfg=prolicenses.sportfishguides

Temporary Registration #

RC71

| This TEMPORARY REGISTRATION is good for 2                                                                                                             | I business days from date signed by         | Control of the Contro |  |
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| CHECK ONE:                                                                                                                                            |                                             | Check if you were registered in 2018?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Guide Only Registration (complete sections                                                                                                            | s A and C)                                  | APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Business Owner Registration (complete sec                                                                                                             | ctions A and B)                             | MUST BE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Combined Business/Guide Registration* (c                                                                                                              | complete sections A, B, and C)              | STAMPED BY<br>ADF&G TO BE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| *An agent for a business cannot apply as a guide on a Co                                                                                              | mbined Business/Guide Registration.         | VALID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| INSTRUCTIONS                                                                                                                                          | ON BACK OF FORM                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| SECTION A: ALL APPLICANTS CO.                                                                                                                         | MPLETE THIS SECTION                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Name of Business Owner or Guide:                                                                                                                      |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Last                                                                                                                                                  | First                                       | MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Permanent Mailing Address:                                                                                                                            | City                                        | State Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Telephone Number: ()                                                                                                                                  | In-Season Telephone Number: (_              | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Mail Card Here:                                                                                                                                       | * * * * * * * * * * * * * * * * * * *       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| (If different than permanent) PO Box or Street Address                                                                                                | Сity                                        | State Zip  Your Registration Card will be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Email Address:                                                                                                                                        |                                             | emailed to you within 21 days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| SECTION B: TO BE COMPLETED BY THE                                                                                                                     | BUSINESS OWNER OR THE                       | IR AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
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| BUSINESS INFORMATION:                                                                                                                                 | ODADV                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Name of Business:                                                                                                                                     | OKAKI                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| State of Alaska Business License Number:                                                                                                              | Expirat                                     | ionDate: Mo Danch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Name of Business Owner:                                                                                                                               |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| DECKALLOL                                                                                                                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| *Remember to get logbooks for your business at the neare                                                                                              | est ADF&G office prior to comme             | ncement of guiding activities.*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| SECTION C: TO BE COMPLETED                                                                                                                            | BY THE GUIDE OR THEIR A                     | GENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| a for production of the second                                                                                                                        |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 2019 Alaska Sport Fishing License #:                                                                                                                  | Date of                                     | Birth: VorDute Vr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 201) Haska operer ising Breense III.                                                                                                                  |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| SIGNATURE OF BUSINESS OWNER/AGENT or GUI                                                                                                              | DE:                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| I hereby certify that all information is true and correct and that I underst statement or omitting a material fact is subject to a maximum penalty of |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                       | Circle one: Applicant or Agent              | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| This TEMPORARY REGISTRATION must be signed and stamped by                                                                                             | by an ADF&G employee and in your possession | before guiding activities begin.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Name of ADF&G Representative (print):                                                                                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Signature:                                                                                                                                            | Place of Issue:                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |



# INSTRUCTIONS FOR THE 2019 SPORT FISH BUSINESS OWNER/GUIDE REGISTRATION

Attention: The following will apply without exception:

- 1. All applicable sections of the registration must be complete and legible prior to ADF&G validation. No "pending," "unknowns," or blanks will be accepted.
- 2. Incomplete registration forms will be returned, resulting in a processing delay.
- 3. A signature is required.
- 4. This is a temporary registration that expires in 21 days. Your wallet-sized registration card will be emailed to you. You may reply to the email to request a hard copy, which will be mailed to you within 2 business days.
- 5. There may be additional state and federal requirements to operate as a business or guide. It is your responsibility to determine what those requirements are.

# **INSTRUCTIONS:**

SECTION A: ALL applicants must complete this section.

**SECTION B: BUSINESS OWNER OR THEIR AGENT:** Complete this section if you are the owner/agent of the sport fishing business. This section should be filled out even if the owner does not intend to personally guide clients. An agent for this business **CANNOT** apply as a guide on the same registration. A separate registration application must be submitted.

#### IMPORTANT NOTICE TO BUSINESS OWNERS

State regulation (5 AAC 75.075) requires all business owners providing sport fishing guide services in Alaska to register with the Department of Fish and Game <u>before</u> guiding services begin. Business owners are required to register all charter vessels with ADF&G and acquire logbook(s) prior to commencement of guiding activities. *Guides must have a copy of the business owner's ADF&G business registration in their possession while guiding.* 

SECTION C: GUIDES: Complete this section if you intend to guide for a sport fish operation owned by someone other than you, or if you are a business owner who also intends to guide (owner/operator).

U.S. COAST GUARD OPERATOR'S LICENSE: A licensed sport fish guide must have, at minimum, a Limited OUPV for Western Waters in Alaska or 6-pak U.S.C.G. operator's license in their possession while operating a motorized vessel with clients or transporting clients in a motorized vessel on navigable waters. Navigable waters are determined by the U.S. Coast Guard (907) 271-6700.

#### IMPORTANT NOTICE TO GUIDES

State regulation (5 AAC 75.075) requires all guides providing sport fishing guide services in Alaska to register with the Department of Fish and Game *before* guiding activities begin.

# WHAT A GUIDE MUST HAVE IN POSSESSION WHILE GUIDING

A sport fish business owner or guide should be able to present all documents required for registration upon request by a representative of the Department of Fish and Game, peace officer of the state, or law enforcement representative of the National Marine Fisheries Service. While engaged in sport fishing guide services, a sport fishing guide shall have the following readily available for inspection.

- · a current sport fishing guide registration;
- a copy of the current ADF&G sport fishing business registration of the guide's employer;
- a current Alaska sport fishing license and applicable tags, stamps or permits that are required to engage in the sport fishery for which the guide services are being provided;
- an identification card issued to the sport fishing guide by a state or federal agency that bears a photo of the sport fishing guide;
- a current logbook for the water type on which guide services are being provided.



# 2019 SPORT FISH BUSINESS OWNER/GUIDE RENEWAL REGISTRATION APPLICATION

Alaska Department of Fish and Game / Division of Sport Fish - RTS 333 Raspberry Road, Anchorage, Alaska 99518-1565 Telephone: (907) 267-2369 or (907) 267-2299

Registration # TO BE ASSIGNED

Date: \_ Woo

| http://www.ad                           | fg.alaska.gov/index.cfn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | n?adfg=prolicenses.sportfishgu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ides                    |                                           |
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| C                                       | HECK ONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Check if                | you were registered<br>in 2018?           |
| Guide Only Registration                 | n (complete section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ns A and C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ард                     | renewal registration<br>plication only.   |
| Business Owner Regist                   | ration (complete so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ections A and B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | return it to            | this applicaton and<br>the Anchorage Fish |
| Combined Business/Gu                    | ide Registration*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (complete sections A, B, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 (7)                   | ddress located at the of this form.       |
| *An agent for a business cannot app     | ly as a guide on a Coml                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | oined Business/Guide Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | B0507                   | l business days for processing.           |
| INSTRUCTIONS                            | TO COMPLET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TE APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ON REVERSE              |                                           |
| SECTION A: ALL APP                      | LICANTS COMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                           |
| Name of Business Owner or Guide:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                           |
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| Permanent Mailing Address:              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State                   | Zip                                       |
| Telephone Number: ( )                   | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | n-Season Telephone Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | er: ()                  |                                           |
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| Mail Card Here: PO Box or Str           | reet Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State                   | Zip                                       |
| Email Address:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Your Registrati         | on Card will be                           |
|                                         | A STATE OF THE STA | ASSESSED DO NOT THE REPORT OF THE PROPERTY OF | emailed to you          | within 21 days.                           |
| SECTION B: TO BE COMPLE                 | TED BY THE BU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SINESS OWNER OR T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HEIR AGENT              |                                           |
| <b>BUSINESS INFORMATION:</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                           |
| Name of Business:                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                           |
| State of Alaska Business License Num    | ber:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Exp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oiration Date:          | a Parte 37                                |
| Name of Business Owner:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                       |                                           |
| *Remember to get logbooks for your busi | ness at the nearest.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ADF&G office prior to cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nmencement of guid      | ling activities.*                         |
| SECTION C: TO BE O                      | COMPLETED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | THE GUIDE OR THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IR AGENT                |                                           |
| 2019 Alaska Sport Fishing License #:_   | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e of Birth: <u>WarD</u> | ane i                                     |
| SIGNATURE OF BUSINESS OWNER/            | AGENT or GUIDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                           |

I hereby certify that all information is true and correct and that I understand this information is subject to public disclosure. (NOTE: Making a false statement or omitting a material fact, is subject to a maximum penalty of \$10,000 or 1 year imprisonment, or both, per AS 11.56.210.) You are not allowed to operate until you receive your 2019 registration card

Circle one: Applicant or Agent \_\_



# INSTRUCTIONS FOR THE 2019 SPORT FISH BUSINESS OWNER/GUIDE RENEWAL REGISTRATION APPLICATION

Attention: The following will apply without exception:

- 1. All applicable sections of the registration must be complete and legible prior to ADF&G validation. No "pending," "unknowns," or blanks will be accepted.
- 2. Incomplete registration forms will be returned, resulting in a processing delay.
- 3. A signature is required.
- 4. This is a registration application only. Your wallet-sized registration card will be emailed within 21 business days. You may reply to the email to request a hard copy, which will be mailed to you within 2 business days.
- 5. There may be additional state and federal requirements to operate as a business or guide. It is your responsibility to determine what those requirements are.

# **INSTRUCTIONS:**

SECTION A: ALL applicants must complete this section.

**SECTION B: BUSINESS OWNER OR THEIR AGENT:** Complete this section if you are the owner/agent of the sport fishing business. This section should be filled out even if the owner does not intend to personally guide clients. An agent for this business **CANNOT** apply as a guide on the same registration. A separate registration application must be submitted.

#### IMPORTANT NOTICE TO BUSINESS OWNERS

State regulation (5 AAC 75.075) requires all business owners providing sport fishing guide services in Alaska to register with the Department of Fish and Game <u>before</u> guiding services begin. Business owners are required to register all charter vessels with ADF&G and acquire logbook(s) prior to commencement of guiding acitivities. Guides must have a copy of the business owner's ADF&G business registration in their possession while guiding.

SECTION C: GUIDES: Complete this section if you intend to guide for a sport fish operation owned by someone other than you, or if you are a business owner who also intends to guide (owner/operator).

U.S. COAST GUARD OPERATOR'S LICENSE: A licensed sport fish guide must have, at minimum, a Limited OUPV for Western Waters in Alaska or 6-pak U.S.C.G. operator's license in their possession while operating a motorized vessel with clients or transporting clients in a motorized vessel on navigable waters. Navigable waters are determined by the U.S. Coast Guard (907) 271-6700.

#### IMPORTANT NOTICE TO GUIDES

State regulation (5 AAC 75.075) requires all guides providing sport fishing guide services in Alaska to register with the Department of Fish and Game *before* guiding activities begin.

# WHAT A GUIDE MUST HAVE IN POSSESSION WHILE GUIDING

A sport fish business owner or guide should be able to present all documents required for registration upon request by a representative of the Department of Fish and Game, peace officer of the state, or law enforcement representative of the National Marine Fisheries Service. While engaged in sport fishing guide services, a sport fishing guide shall have the following readily available for inspection.

- a current sport fishing guide registration;
- a copy of the current ADF&G sport fishing business registration of the guide's employer;
- a current Alaska sport fishing license and applicable tags, stamps or permits that are required to engage in the sport fishery for which the guide services are being provided;
- an identification card issued to the sport fishing guide by a state or federal agency that bears a photo of the sport fishing guide;
- a current logbook for the water type on which guide services are being provided.



# State of Alaska Department of Fish & Game Division of Sport Fish

Logbook No.:

# 2019 Saltwater Charter Logbook and Vessel Registration

If you are interested in using the electronic logbook, please contact Bob Powers at robert.powers@alaska.gov or 907-267-2299.

| Vessel                             | Name:                                                                                                                                                 |                                                                                                                                                                                          |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vessel                             | AK No. or USCG No.                                                                                                                                    | .:                                                                                                                                                                                       |
| <ol> <li>2.</li> <li>3.</li> </ol> | All charter trip activity cond logbook assigned to this vess Federal rules require Charte recorded in the logbook beforehalibut are caught and retain | lucted from this vessel must be recorded in the sel. r Halibut Permit (CHP) number(s) to be ore the beginning of any trip during which ned. for Completing 2019 Logbook Pages (beginning |
|                                    |                                                                                                                                                       |                                                                                                                                                                                          |

# Logbook Inspection

This logbook must be presented for inspection, upon request, to any representative of the Department of Fish and Game, peace officer of the state, or law enforcement representative of the National Marine Fisheries Service.

| During the week of:         | by ADF&G (Mondays): |                         |              |
|-----------------------------|---------------------|-------------------------|--------------|
| January 1 – March 31        | April 8             |                         |              |
| April 1 – April 7           | April 15            |                         |              |
| April 8 – April 14          | April 22            |                         |              |
| April 15 – April 21         | April 29            |                         |              |
| April 22 – April 28         | May 6               |                         | ALCOHOL SILV |
| April 29 – May 5            | May 13              | Optio                   | mal          |
| May 6 – May 12              | May 20              |                         |              |
| May 13 – May 19             | May 28              | Guide Info              | rmation      |
| May 20 – May 26             | June 3              |                         |              |
| May 27 – June 2             | June 10             | GL Number               | Guide Name   |
| June 3 – June 9             | June 17             | GL Nulliber             | duide Name   |
| June 10 – June 16           | June 24             | CI                      |              |
| June 17 – June 23           | July 1              | GL                      |              |
| June 24 – June 30           | July 8              | CI                      |              |
| July 1 – July 7             | July 15             | GL                      |              |
| July 8 – July 14            | July 22             |                         |              |
| July 15 – July 21           | July 29             | <u>GL-</u>              |              |
| July 22 – July 28           | August 5            | it i h Jan              |              |
| July 29 – August 4          | August 12           | GL-                     |              |
| August 5 – August 11        | August 19           | Silving Sime property A |              |
| August 12 – August 18       | August 26           | GL-                     | AUL 2        |
| August 19 – August 25       | September 3         |                         |              |
| August 26 – September 1     | September 9         | GL-                     |              |
| September 2 – September 8   | September 16        | and the second second   |              |
| September 9 – September 15  | September 23        | GL-                     |              |
| September 16 – September 22 | September 30        |                         |              |
| September 23 – September 29 | October 7           | CI                      |              |
| September 30 – October 6    | October 14          | GL                      |              |
| October 7 – October 13      | October 21          |                         |              |
| October 14 – October 20     | October 28          | <u>GL-</u>              |              |
| October 21 – October 27     | November 4          |                         |              |
| October 28 – November 3     | November 12         | <u>GL-</u>              |              |
| November 4 – November 10    | November 18         |                         |              |
| November 11 – November 17   | November 25         |                         |              |
| November 18 – November 24   | December 2          |                         |              |
| November 25 – December 1    | December 9          |                         |              |
| December 2 – December 8     | December 16         |                         |              |
| December 9 – December 15    | December 23         |                         |              |
| December 16 – December 22   | December 30         |                         |              |
| December 23 – December 29   | January 6, 2020     |                         |              |
| December 30 – December 31   | January 13, 2020    |                         |              |

Postmarked or Received

Monday to Sunday Activity

# INSTRUCTIONS FOR ADF&G REPRESENTATIVE:

Please forward the white copy of this form to: Sport Fish RTS, 333 Raspberry Rd., Anchorage, AK 99518-1565.

# DO NOT REMOVE THE PINK COPY. THE PINK COPY MUST STAY IN THE LOGBOOK.

DO NOT ISSUE A LOGBOOK UNLESS THE APPLICANT HAS THE FOLLOWING:

- 2019 ADF&G Sport Fish Business Registration
- Current AK Vessel No. issued by DMV or Current USCG Vessel Documentation No.

# None of the above can be "Pending"

2019 ADF&G Sport Fish Business Owner and Guide License applications are available at all ADF&G offices or online near the bottom of the following web page:

http://www.adfg.alaska.gov/index.cfm?adfg=SFGuidesLicense.Businesslicense
or can be applied for online at: https://www.adfg.alaska.gov/store/

AK Vessel Registration information is available from Alaska Division of Motor Vehicles at (907) 269-5551 or online at: <a href="http://www.doa.alaska.gov/dmv/reg/boat.htm">http://www.doa.alaska.gov/dmv/reg/boat.htm</a>

# 2019 Saltwater Charter Logbook Sign-Out and Vessel Registration Must be completed

| Spor              | Sport Fish Business Information: Logbook No.:                                                                               |  |  |  |  |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Name              | of Sport Fishing Business:                                                                                                  |  |  |  |  |
|                   | G Sport Fish <u>Business</u> Registration No.: 2019 - <u>BL-</u> Check Box if Your Business is Using the Electronic Logbook |  |  |  |  |
| $\Longrightarrow$ | DMV issued AK No. or USCG Vessel Documentation No.:(A logbook WILL NOT be issued without a current AK or USCG No.)          |  |  |  |  |
| ⇨                 | Vessel Name:(Vessel Name and AK No. or USCG No. must appear on the cover)                                                   |  |  |  |  |
| $\Longrightarrow$ | Primary Alaska Saltwater port from which this vessel will operate during 2019:                                              |  |  |  |  |
| DE                | PARTMENT USE ONLY                                                                                                           |  |  |  |  |
| $\Longrightarrow$ | Did you issue a Statistical Area Map YES NO If No, Explain:                                                                 |  |  |  |  |
| ightharpoons      | ADF&G Representative: (print)                                                                                               |  |  |  |  |
| $\Rightarrow$     | Area Office: Date of Issue:                                                                                                 |  |  |  |  |

#### INSTRUCTIONS FOR COMPLETING 2019 SALTWATER LOGBOOK PAGES

#### Vessel Registration

All vessels used in sport fishing guide activities must be registered with ADF&G. All vessels must have a current AK registration number issued by the Division of Motor Vehicles (DMV) or a current USCG documentation number prior to registering with ADF&G. If the vessel has an AK number, the AK number must be displayed during guided fishing operations.

# Vessel Decal/Year Tags

One set of ADF&G decals will be issued per registered vessel. Decals must be applied and visible on both sides of the vessel. Decals do not have to be applied directly to the hull of the vessel. Decals can be adhered to wood, fiberglass or plexiglas® which in turn is secured to both sides of the vessel. Decals can be transferred from one vessel to another; as long as the receiving vessel has a current AK registration number from DMV or a current USCG documentation number and has been registered with ADF&G. Annual stickers or tags will be issued as vessels are registered and must be adhered directly to the decal in the designated area. Lost decals and tags can be replaced free of charge at any ADF&G office.

# Transferring A Logbook

A logbook is issued to a specific business for a specific vessel. All active vessels must be registered and issued a current year logbook from an ADF&G office. Logbooks may not be transferred between businesses. Only the business the logbook is issued to may use the logbook.

If a vessel belonging to a registered sport fish business is borrowed by another business, the borrowing business must be currently registered and must acquire their own logbook.

If a business substitutes a different vessel for the primary vessel during any part of the season, the original logbook can be used on the substitute vessel for up to seven (7) consecutive days. A temporary vessel used for more than seven (7) consecutive days must be issued a new logbook. ADF&G must be notified (see contact information on page v) with the substitute vessel registration information.

All vessels engaged in fishing with clients on board must be registered and display the vessel decals.

# Return The Logbook Pages Weekly

Fishing activity that occurs <u>prior</u> to April 1, 2019 is due to ADF&G by April 8, 2019; all activity thereafter must be received by ADF&G EVERY WEEK as detailed in the schedule on the inside of the front cover of this book. Logbook pages can be submitted to any ADF&G office or mailed to the address printed on the back of each logbook page.

PINK COPIES OF THE LOGBOOK PAGES ARE TO REMAIN IN THE LOGBOOK

# Responsibility Of Business Owner & Guide

Guides are responsible for completing logbook pages in the manner and at the location specified in the logbook instructions.

ADF&G licensed business owners are responsible for reporting logbook information and submitting the completed logbook pages to the department for fishing activities from January 1, 2019 through December 31, 2019 for each sport fishing guide they employ in accordance with the schedule printed inside the front cover of the logbook.

# What A Guide Must Have In Possession While Guiding

While providing sport fishing guide services, a sport fishing guide shall have the following readily available for inspection by request of a representative of the Department of Fish & Game, a peace officer of the state, or law enforcement representative of the National Marine Fisheries Service:

- > a current sport fishing guide registration issued by ADF&G;
- > copy of the current ADF&G sport fishing owner's business registration of the guide's employer;
- > a current Alaska sport fishing license, tags, stamps or permits that are required to engage in the sport fishery for which guide services are being provided;
- > an identification card issued to the sport fishing guide by a state or federal agency that bears a photo of the sport fishing guide. The identification card MUST match the name on the guide license;
- > per federal regulation a Saltwater Charter Logbook if halibut are being harvested;

Other agencies such as the USCG or National Marine Fisheries Service may have additional requirements. It is your responsibility to determine what those requirements are.

See page v for Federal Regulations.

# When To Complete A Logbook Page

A Charter Vessel Fishing Trip is defined as the time period between the first deployment of fishing gear from a vessel providing sport fishing guide services and the offloading of one or more anglers or any harvested fish from the vessel.

A trip that consists of no paying clients, that is, all anglers are "comped", and the guide is NOT receiving any tips or other compensation, would NOT be considered a chartered trip and a logbook page should not be completed and submitted to the Alaska Dept. of Fish and Game. If a guide is present during a private fishing trip, the guide may be compensated for actual daily expenses for fuel, food, or bait. In this case a logbook page should not be completed or submitted to ADF&G. If the guide receives any other compensation for assisting anglers, such as daily wages, tips, moorage fees, etc. from a registered fishing service or from clients, then a logbook page should be completed and submitted to ADF&G.

Additional information about regulations and definitions related to guide and business registration and guiding can be found at: http://www.adfg.alaska.gov/index.cfm?adfg=SFGuidesLicense.Businesslicense

# Before a Trip Begins (see definition above), the Guide must Record:

- ➤ The 2019 sport fishing license number, permanent identification number (PID) or disabled veteran (DAV) license number for anyone that will fish during any part of the trip, including paying and non-paying (comped) anglers and crew.
- > The first and last name of each angler in the space provided below their license number.
- The word "Youth Angler" or "YA" in the fishing license space along with the first and last name on the name line for resident anglers under 18 years old and non-resident anglers under 16 years old. Multiple youth anglers on a trip should be recorded as YA1, YA2 etc.

Complete the logbook through the last charter trip of the season in the following manner:

# Returning to a Dock:

> Complete and sign the logbook page before offloading any fish from the vessel. If no fish were kept, complete and sign the logbook page before offloading any clients.

# No Docking Facilities (e.g. trailered vessels):

- > Complete and sign the logbook page before the vessel or guide departs the launch/landing site AND before offloading any fish from the vessel.
- ➤ If <u>no fish</u> were kept, complete and sign the logbook page before the vessel <u>or</u> guide departs the launch/landing site.

# No Vessel Used (aircraft, highway vehicles, walk-in, ATVs, etc.):

Complete and sign the logbook page before the guide leaves the fishing site. Fishing site is defined as the location where fishing activity took place.

# Multiple Trips per Day:

Use a separate logbook page for each trip if multiple trips where taken during the same day. Complete and sign the logbook page at the end of each trip as described above.

# **Multi-Day Trips:**

Complete and sign a logbook page at the end of each day on which sport fishing guide services were provided. Use a separate logbook page for each day of the trip. Record the port or community of offloading at the end of the multiple-day trip, not the port or location where the vessel anchored or moored each night.

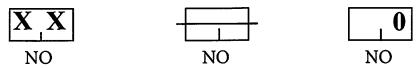
For example, for a five-day trip with only three days of guided fishing, three logbook pages should be submitted, all with different dates fished but with the same port of offloading.

| Alastos Department of Fish & Game                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |
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| 2019 Saltwater Sport Fishing Charter Trip Both salmon &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 190000 – 01                                    |
| RETURN TO: 333 RASPHERRY ROAD, ANCHORAGE, ALASKA Were targeted. This was trip, 3 hours were spent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | vas a 7 hour targeting                         |
| The hour the trip ended salmon, 4 hours were bottomfish.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | targeting spent targeting                      |
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| (seedland to least the MONA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | See GAF                                        |
| 1234B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | viii.                                          |
| INDIVIDUAL ANGLER AND CATCH INFORMATION SALMON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BOTTOMFISH                                     |
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| Larry Lure or 2C the angler must provide 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |
| Larry Lure a signature.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |
| (Agradiant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |
| Next to every fishing license                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |
| Igot Halibut  Resident circle  Next to every fishing license number fill in the Non-resident or Resident circle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                              |
| Igot Halibut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |
| 3.9.16.3.4.6.6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| Litterage Harrises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u>                                       |
| Doug Drift  Paying "Comped" angler or a crew member fill in the appropriate circle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |
| Doug Drift appropriate circle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |
| 4 YA1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |
| Bryan Baiter  Re Youth angler kept a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |
| Bryan Baiter (halibut and must sign on)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |
| Styline Intersection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |
| 5 9.6 5.2.0.0.2 • 0 0 0 K 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |
| Frank Fisher  R  And another angler proxy fish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 14 - 1 - 10 - 10 - 10 - 10 - 10                |
| for him. Record the beneficiary's license number, first and last name and write "PROXY" on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |
| and write "PROXY" on the signature line.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |
| I brown Marker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ne guide must sign<br>ottom of each logbook    |
| Find Name: I Land Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | each trip he/she was in charge of.             |
| (Agrature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | charge of.                                     |
| X Gloria Guidess Market                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PAGE 1 OF 2                                    |

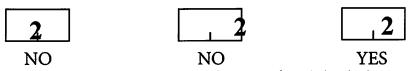
# HOW TO REPORT INFORMATION ON THE LOGBOOK PAGE

The 2019 logbook pages are designed to be read by an optical scanner. Your cooperation and neatness in reporting minimizes data entry time and cost, and makes the information available sooner.

- 1. Use clear and legible handwriting. Print: do not use cursive.
- 2. Use a black ink pen; do not use a pencil or other color pen.
- 3. Do not write in the margins.
- 4. Do <u>not</u> write 0's (zero) if a client did not keep or release any fish during a trip, leave the kept and released fields blank.



5. Enter the trip information within the boxes and lines provided. Stay within the "bracketed" space allowed:



Single digits should appear in the right hand column.

6. Please keep the pages and logbook as clean as possible.

#### ADF&G Contact Information:

Division of Sport Fish, Guide License and Logbook Program in Anchorage, Alaska at (907) 267-2369, or (907) 267-2299, or email: <a href="mailto:dfg.dsf.guides@alaska.gov">dfg.dsf.guides@alaska.gov</a>.

#### FEDERAL REGULATIONS

Federal regulations for IPHC Area 2C and 3A (1) authorize guided angler fish (GAF) for the Charter halibut fisheries, (2) prohibit the licensed guide and crew members from retaining halibut on any charter vessel fishing trip, (3) require all anglers in IPHC Areas 2C and 3A who harvest (keep) halibut to sign the logbook, (4) require a saltwater charter logbook be on the vessel if halibut are being harvested, and (5) require retention of all logbook data pages showing halibut harvest for 2 years after the end of the fishing year for which the logbook was issued.

#### NOAA CONTACT INFORMATION:

There are numerous differences between State and Federal regulations that govern charter fishing in 2C and 3A, which all operators must be aware of, and operate under. For additional information on federal charter logbook requirements for halibut, call NOAA Fisheries Office for Law Enforcement (907) 586-7225.

You must comply with the federal halibut regulations described at:

http://alaskafisheries.noaa.gov/fisheries/2c-3a-halibut-regs and http://www.iphc.int

A summary of the federal charter halibut fishery regulations is available at: http://alaskafisheries.noaa.gov/fisheries/sport-halibut

| Trip Information                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date                                                    | Record the month and day for each trip taken. If two or more trips were taken on the same day, that date will appear on all pages for that day.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Hour Trip Ended                                         | Record the hour the trip ended with the offloading of clients and fish. Round to the nearest hour only: trips ending at or after 5:00 pm but before 5:31pm would be logged as 5 pm and trips ending from 5:31pm to 6:00 pm would be logged as 6 pm. Do not indicate minutes. Fill in the circle for AM or PM. For multi-day trips record the hour that fishing ended on each day.                                                                                                                                                                                                                                                                                         |  |
| Guide Registration<br>Number                            | The 2019 guide registration number issued by ADF&G to the guide that led the fishing trip.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Charter Halibut Permit<br>(CHP) and<br>multiple Permits | Record the Charter Halibut Permit (CHP) number used for the trip on the logbook page in the space provided. Write the entire CHP number as it appears on the permit followed by the letter, i.e., 1234A. If more than one CHP is used during a trip, check the box next to the CHP number. Complete a separate page for each CHP used during a trip. Unique trip information for each CHP, along with individual angler and catch information must be recorded for each CHP used. Angler license numbers along with kept and released information should be recorded only ONCE per trip. Record all CHP number(s) and CHP Holder names on the front cover of the logbook. |  |
| NOAA Guided Angler<br>Fish (GAF)<br>Requirements        | If you have a federal GAF permit in 2019 and are allowing clients to harvest halibut under the authority of your GAF permit, record the GAF permit number used on each logbook page for trips in which GAF halibut were harvested.  If GAF halibut are kept along with non-GAF halibut, record each in its appropriate box.                                                                                                                                                                                                                                                                                                                                               |  |
| Port or Community of<br>Off-Loading                     | The port or community where clients and/or fish were off-loaded at the conclusion of the trip. On a multi-day trip, indicate the community where clients and fish will be off-loaded when the trip is finished.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Primary Statistical<br>Area Fished                      | Report the 5 or 6-digit statistical area where most of the fish were caught or targeted. Record the statistical area for salmon and/or bottomfish, depending on whether the gear and fishing methods were effectively targeting salmon, bottomfish, or both. Report only statistical areas from maps provided with the logbook for this purpose.                                                                                                                                                                                                                                                                                                                          |  |
| EXAMPLE 1:<br>Only Salmon<br>Targeted                   | If salmon were targeted, whether any were caught or not, record the statistical area and boat hours fished on the salmon target species line in the trip information section.  If bottomfish were caught while targeting salmon only, record the number of bottomfish kept and released in the appropriate columns in the bottomfish portion of the individual angler and catch information section. The statistical area and hours fished should be recorded in the salmon targeted line in the trip information section.                                                                                                                                                |  |

|                                                              | Trip Information (Continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| EXAMPLE 2:<br>Only Bottomfish<br>Targeted<br>(incl. Halibut) | If bottomfish were targeted, whether any were caught or not, record the statistical area and boat hours fished on the bottomfish targeted species line in the trip information section.  If salmon were caught while targeting bottomfish only, record the number of salmon kept and released in the appropriate columns in the salmon portion of the individual angler and catch information section. The statistical area and hours fished should be recorded in the bottomfish targeted line in the trip information section.                                                                                                                                                        |  |  |
| EXAMPLE 3:<br>Salmon <u>and</u> Bottomfish<br>Targeted       | Record the statistical area and maximum number of boat hours spent fishing simultaneously for both salmon AND bottomfish on both the salmon and bottomfish target species lines under Trip Information. For example, if mooching or jigging for 7 hours record 7 hours in the salmon effort row and 7 hours in the bottomfish effort row.                                                                                                                                                                                                                                                                                                                                               |  |  |
| Hours Fished                                                 | The number of boat hours for which at least one rod/line was fished. Record only the number of hours spent fishing, DO NOT include the hours spent running to or from fishing areas. Round to the nearest whole hour.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
|                                                              | Individual Angler Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Sport Fish License No.                                       | Before a guided sport fishing trip begins (see definition on page ii), record the 2019 Alaska Sport Fishing License number, resident PID (permanent identification number) or DAV (disabled veteran license number) of each client, comped angler, and crew member that will be fishing. PID and DAV numbers can begin with a P, D, T, or Z. See Youth Angler instructions below.                                                                                                                                                                                                                                                                                                       |  |  |
| Residency                                                    | Fill in the circle to indicate AK Resident OR Non-Resident for all anglers, including youth, crew and "comped" anglers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| "Comped" and Crew<br>angler status                           | <ul> <li>If applicable, next to each angler license number:</li> <li>➤ fill in the circle if the angler is the guide or a Crew member,</li> <li>➤ fill in the circle if the angler is "Comped" (neither the guide service or the guide leading the trip is compensated by the angler).</li> <li>A crew member includes the licensed guide leading the fishing trip as well as any person who, for compensation or the intent to receive compensation, provides assistance to clients on board the vessel.</li> <li>Federal rules prohibit the licensed guide and crew members from retaining halibut on a charter fishing trip with clients on board in IPHC Area 2C and 3A.</li> </ul> |  |  |
| Angler Name                                                  | Angler's first and last name MUST be printed below the angler's license number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| Youth Anglers                                                | For resident anglers under 18 years old and non-resident anglers under 16 years old, write the word "YOUTH ANGLER" or "YA" in the fishing license space, indicate residency, AND record the first and last name on the name line. If more than one youth angler is on a trip, record them as YA1, YA2, etc.                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Angler Signatures in 2C and 3A                               | Federal rules require all anglers who harvest (keep) halibut in IPHC 2C or 3A to sign the logbook and to verify that their name, license number (if required), and number of halibut kept (retained) are recorded correctly. A signature is also required of youth anglers that keep halibut.                                                                                                                                                                                                                                                                                                                                                                                           |  |  |

| INSTRUCTIONS FOR COMPLETING 2019 SALT WATER LOGBOOK PAGES                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Proxy Fishing Instructions                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Proxy Fishing  Per federal regulation:  Halibut may not be taken by proxy fishing.                               | If an angler is proxy fishing for a beneficiary other than for halibut, that angler <u>must</u> have the fishing license or PID/DAV of the person for whom he/she is fishing, as well as a validated proxy fishing form. Write down the license number of the recipient of the fish (beneficiary), the beneficiary's first and last name, followed by the word "Proxy" on the signature line.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                                                                                                  | Use two records on the logbook page, one for the angler's license number and name and the other for the beneficiary's license number and name. Mark AK Resident in the adjacent column for both. Beneficiaries and those fishing for them <u>must</u> both be residents of Alaska.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                  | For <u>permanent</u> licenses (residents only), write down the entire license number, including the preceding alpha character, which can be a P, D, T or Z, e.g. Z50148.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                                                                                  | Recording Catch Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Recording Catch<br>Information                                                                                   | Indicate the number of fish Kept (retained) and Released (let go) by species or group. Leave the fields BLANK if no fish were kept or released.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Guide Signature                                                                                                  | The licensed guide who led the trip with clients on board MUST sign at the bottom of each page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Continuing Trip<br>Information                                                                                   | Complete the Page of if more than one page is required for a trip, for example, if two pages are required to list all anglers, they would be numbered Page 1 of 2 and Page 2 of 2. The trip information MUST be duplicated on each logbook page used.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                  | Special Instructions & Definitions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Charter Halibut Permit<br>(CHP)                                                                                  | Federal regulations require that if one or more anglers are catching and retaining halibut in Area 2C or Area 3A, a valid charter halibut permit (CHP) for the appropriate regulatory area must be on board the vessel at all times. Record the charter halibut permit used during a trip on each page. If more than one CHP is used during a trip, check the box next to the CHP number. Complete a separate page for each CHP used during a trip. Unique trip information for each CHP, along with individual angler and catch information must be recorded for each CHP used. Angler License numbers along with kept and released information should be recorded only ONCE per trip. All CHP number(s) and CHP Holder names used during the fishing season MUST appear on the front cover of the logbook. The CHP number used during a trip must appear on the individual logbook page. A CHP number needs to appear only once on the cover, but recorded on the logbook page each time it is used. |  |
| NOAA Guided Angler Fish (GAF)Requirements  See FEDERAL REGULATIONS on page v for Federal GAF program information | If you have a federal GAF permit in 2019 and are allowing clients to harvest halibut under the authority of your GAF permit, alongside Non-GAF halibut, record the number of each within the appropriate halibut category.  NOTE: Record the number of Non-GAF halibut kept AND released. Record the number of GAF halibut kept ONLY.  You must record your Guided Angler Fish (GAF) Permit Number if GAF halibut are kept.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |

|                                                                       | Special Instructions & Definitions (Continued)                                                                                                                                                                                            |  |  |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 2C/3A Operators<br>(operators who fish both<br>2C and 3A for Halibut) | Federal regulations prohibit retention of halibut from Area 2C and Area 3A during the same charter vessel fishing trip. Contact NOAA for additional federal halibut regulations; see page v for contact information.                      |  |  |
| Angler Signature                                                      | Federal regulations require every angler in IPHC Area 2C or 3A (including youth) who keep halibut to sign on the angler signature line directly beneath the angler's first and last name on each page.                                    |  |  |
| "Shakers"                                                             | King salmon under 28" in Southeast Alaska must be released upon capture, unless caught in designated terminal harvest areas, or allowed by emergency order.                                                                               |  |  |
| Pelagic Rockfish                                                      | Includes black, dark, and dusky rockfish (commonly called "black bass"), yellowtail, widow, and blue rockfish. These species of rockfish are uniformly gray, green, brown, or black (see rockfish ID chart in your regulation booklet).   |  |  |
| Yelloweye Rockfish                                                    | Commonly called "red snapper." Adults primarily orange with a pale yellow line running along the lateral line, juveniles with two bold white lateral stripes. Have yellow eyes. Can grow to 36 inches in length.                          |  |  |
| Other Non-Pelagic<br>Rockfish                                         | Includes quillback, copper, silvergray, China, tiger, and other rockfish species.                                                                                                                                                         |  |  |
| Sablefish<br>(Black Cod)                                              | Sablefish, commonly known as black cod, have a streamlined, elongated body, black to dark gray above fading to gray or white in the belly, with two dorsal fins and small teeth. Larger fish found in deep water can grow to 40 inches.   |  |  |
| Salmon Shark                                                          | This is a single species, Lamna ditropis. These sharks are large, firm, dark brown or black on top, with white bellies with dark blotches. Do not include spiny dogfish ("sand shark") or sleeper sharks ("mud sharks") in this category. |  |  |
| All Other Fish                                                        | DO NOT record any OTHER fish kept or released.                                                                                                                                                                                            |  |  |