

# Commercial Fisheries Entry Commission

## Request for Emergency Transfer of Entry Permit

8800 Glacier Hwy. #109  
P.O. Box 110302, Juneau, Alaska 99811-0302  
Phone: (907)789-6150/Fax: (907)789-6170  
www.cfec.state.ak.us

**Please submit your request early to avoid lost fishing time.**

### **General Information:**

Emergency transfers are granted if illness, disability, death, required military or government service, or other unavoidable hardship of a temporary, unexpected, and unforeseen nature prevents the permit holder from participating in the fishery. "Hardship" with respect to the emergency transfer means privation and suffering, and does not include the results of a permit holder's own economic decisions, nor the results of economic, biological or regulatory variables which are normally part of the risk of doing business as a fisherman.

### **Instructions:**

To request an emergency transfer the entire form must be completed by both the permit holder and transferee. The current year permit card or annual fee, and the \$50.00 transfer fee must be submitted with this transfer request. Both parties must have their signatures notarized, but they do not have to sign at the same time or place. If the transfer is being requested due to illness, injury or disability, the physician who examined the permit holder must complete Part VIII.

If the transfer is due to the death of the permit holder, the representative of the estate should complete the form. If a representative has not been appointed, the surviving spouse or next of kin may complete the form. If the Entry Commission does not have a copy of the death certificate please provide one with the request. PART VIII does not need to be completed.

You can mail or fax the request to our office. If you fax the request and the current year permit card has been issued, cut the current gear card in half make a photo copy and fax that as well. If you are unable to do that you can take the paperwork to your local ADF&G office and they can fax the form and destroy the card.

**Only the Entry Commission may authorize** the transferee to begin fishing with the copy of the transfer form and only if the request is due to an illness, injury or death **which occurred in the last 14 days**. The form **MUST** be submitted to the Entry Commission (even after business hours) in order for the transfer to be valid. If it is after business hours, you will need to send an email to [yvonne.fink@alaska.gov](mailto:yvonne.fink@alaska.gov). Once the email is received a determination will be made and you will be contacted as soon as possible.

If the transfer is denied, a notice will be given to the permit holder and they will have opportunity to request an administrative hearing which can be conducted by phone.

If you emergency transfer your salmon permit and the transferee gets demerit points for a fishing violation, you will also receive demerit points.

### **Payment Information:**

You can submit a check or money order made payable to the State of Alaska, or if paying with a credit card please complete the attached credit card authorization form. You can mail the form directly to our office or you may fax it to 907-789-6170.

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## Transfer of Entry Permit

Please allow 2 weeks for processing this request.

- All sections must be completed by both the current permit holder and transferee
- The transfer survey must be complete
- The physician statement must be current and completed by the physician
- \$50 processing fee must be submitted
- Current year permit card must be submitted (if issued) or current year permit fees

CFEC Use Only

Effective Date: \_\_\_\_\_

### PART I: PERMIT HOLDER INFORMATION

I request an emergency transfer of permit \_\_\_\_\_ which is held by \_\_\_\_\_

Social Security Number \_\_\_\_\_, Date of Birth \_\_\_\_\_ whose permanent mailing address is \_\_\_\_\_

\_\_\_\_\_ and whose contact phone number is \_\_\_\_\_

(check here if phone is unlisted \_\_\_\_\_)

#### These questions below must be answered by the permit holder:

1. Did you participate in this fishery last season? \_\_\_ YES \_\_\_ NO If yes, what was the ADF&G number of the vessel you fished on: \_\_\_\_\_

2. Did you intend to fish the upcoming season? \_\_\_ YES \_\_\_ NO If yes, explain what preparations you have made: \_\_\_\_\_

You must explain why you are unable to participate in the fishery, if you need more room additional pages can be submitted. If this is due to medical problems, your physician must complete Part VIII of the form.

3. Have you participated in ANY fishing activity during the current year? \_\_\_ YES \_\_\_ NO If yes, please explain: \_\_\_\_\_

4. Where will you be during the fishing season? \_\_\_\_\_

5. Will you be working at another job during the fishery? \_\_\_ YES \_\_\_ NO If yes, provide employer's telephone number: \_\_\_\_\_

6. Name and address of employer: \_\_\_\_\_

### PART II: TO BE COMPLETED BY THE TRANSFEREE

Name (Please Print Clearly) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ ADF&G Number \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Temporary Address for this permit (if different) \_\_\_\_\_ Phone Number (check if unlisted) \_\_\_ US Citizen \_\_\_ YES \_\_\_ NO

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Alaska Resident \_\_\_ YES

Nonresident \_\_\_ YES \_\_\_ NO

\*Alien \_\_\_ YES \_\_\_ NO

\*If yes, you must provide a copy of your Alien registration card

### PART III: AFFIDAVIT Both Parties must read and sign under oath before a Notary Public (or Postmaster in Alaska)

I swear, under penalty of perjury, that the information provided by me on both sides of this form and in all attached statements and materials supporting this request is true and completely and accurately describes the terms of this transfer requested solely due to the emergency situation described above; and that I am not prohibited by law or court order from being a party to this transfer. I understand that making a false claim on this transfer form or submitting false documentation in support of this transfer request is a crime under AS 11.56.210 which is punishable by up to one year in prison and/or \$5,000.00 fine and may subject me to administrative fines, suspension of fishing privileges and revocation of any entry permits I may hold.

Permit Holder: \_\_\_\_\_ Transferee: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, 20\_\_ at \_\_\_\_\_

Notary Public (or Postmaster in Alaska) \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Only the Entry Commission may authorize the transferee to begin fishing with the copy of the transfer form and only if this request is due to an illness, injury or death which occurred in the last 14 days. The form **MUST** be submitted to the Entry Commission (even after business hours) in order for the transfer to be valid. If it is after business hours, you will need to send an email to yvonne.fink@alaska.gov. Once the email is received a determination will be made and you will be contacted as soon as possible.

CFEC Fishery \_\_\_\_\_ Permit Number/Alpha \_\_\_\_\_ Y \_\_\_\_\_ Year/Sequence/Alpha (CFEC USE ONLY)

Signature of Agent \_\_\_\_\_ Name Printed \_\_\_\_\_ Title \_\_\_\_\_ Date Signed \_\_\_\_\_ Valid Until \_\_\_\_\_

**PART IV: REQUIRED EMERGENCY TRANSFER INFORMATION**

This questionnaire contains information which must be provided in order for the transfer request to be processed. When you sign the affidavit section in Part III of the emergency transfer form you are swearing that the information provided in response to these questions is true and complete and accurately describes the terms of this transfer. The optional section (Part VII) is not part of the statement that must be sworn to and it will be protected by the Alaska Human Rights law (AS 18.80.225).

**PART V: TO BE COMPLETED BY THE TRANSFEREE**

HOW DID YOU LOCATE THIS PERMIT FOR EMERGENCY TRANSFER? (Circle your answer)

- 1. Relative or personal friend
- 2. Casual acquaintance
- 3. Permit Broker
- 4. Fish Processor
- 5. Advertisement
- 6. Other (explain) \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE PERMIT HOLDER? (Circle your answer)

- 1. None
- 2. Business partner/crewmember
- 3. Personal friend
- 4. Member of immediate family
- 5. Other relative
- 6. Other (explain) \_\_\_\_\_

WHO OWNS THE VESSEL (OR SITE) THAT YOU WILL BE FISHING? (Circle your answer)

- 1. Myself
- 2. Permit Holder
- 3. Fish Company or Processor
- 4. Other (explain) \_\_\_\_\_

WHAT ARE THE AGREED UPON TERMS FOR YOUR USE OF THE PERMIT? (Circle your answer)

- 1. Flat fee of \$ \_\_\_\_\_ paid to the permit holder.
- 2. Percentage of gross earnings, (indicate the percentage \_\_\_\_\_%)
- 3. Combination of flat fee and percentage, (indicate the fee \$ \_\_\_\_\_ and percentage \_\_\_\_\_%)
- 4. Payment in Trade, (indicate what is being traded and its estimated value: \_\_\_\_\_ Value \$ \_\_\_\_\_)
- 5. No payment to the permit holder (explain) \_\_\_\_\_
- 6. Other (explain) \_\_\_\_\_

ARE YOU PAYING A COMMISSION OR FEE TO A BROKER OR OTHER AGENT? \_\_\_\_\_ YES \_\_\_\_\_ NO (If yes, indicate agent name and amount)

Broker or Agent: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

IS THERE ANY AGREEMENT CONCERNING FUTURE TRANSFER(S) OF THE PERMIT? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, explain \_\_\_\_\_

**PART VI: TO BE COMPLETED BY THE PERMIT HOLDER**

ARE YOU USING THE SERVICES OF A BROKER OR OTHER AGENT TO ASSIST WITH THIS TRANSFER? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, which firm or person is acting as broker? \_\_\_\_\_

If YES, how much are you paying in brokers' fees or commissions? \$ \_\_\_\_\_

WHO ADVISED YOU TO SEEK AN EMERGENCY TRANSFER OF YOUR PERMIT?

- 1. Entry Commission staff
- 2. Dept. of Fish and Game staff
- 3. Permit Broker
- 4. Fish Processor
- 5. Business partner/crewmember
- 6. Myself
- 7. Other (specify) \_\_\_\_\_

IF YOU ARE TO RECEIVE A PAYMENT FOR THE USE OF THE PERMIT, WHEN IS IT TO BE PAID TO YOU?

- 1. At the time of transfer
- 2. At the end of the season
- 3. In periodic payments during the season
- 4. Other (explain) \_\_\_\_\_

WHAT IS YOUR REASON FOR TRANSFERRING THE PERMIT? (Circle all that apply)

- 1. Injury or accident
- 2. Illness or other health problem
- 3. Immediate Family member illness or death
- 4. Death of permit holder
- 5. Incarceration
- 6. Pregnancy
- 7. Government/Military Service
- 8. Financial or economic hardship
- 9. Working at alternate employment
- 10. School or Training
- 11. Other: \_\_\_\_\_

**PART VII: THIS SECTION IS OPTIONAL, YOU ARE NOT REQUIRED TO COMPLETE IT**

WHAT IS YOUR ETHNIC ORIGIN? (circle one)

- |               |                  |              |          |          |             |                |
|---------------|------------------|--------------|----------|----------|-------------|----------------|
| PERMIT HOLDER | 1. Alaska Native | 2. Caucasian | 3. Black | 4. Asian | 5. Hispanic | 6. Other _____ |
| TRANSFEREE    | 1. Alaska Native | 2. Caucasian | 3. Black | 4. Asian | 5. Hispanic | 6. Other _____ |

Under AS 16.05.815 and AS 16.05.480, social security numbers and other information provided on this form may be used for fisheries research, management and licensing purposes and may be disclosed to: the Alaska Department of Fish and Game, the National Marine Fisheries Service, staff of the Pacific States Marine Fisheries Commission who are employed by the Alaska Fisheries Information Network project, the North Pacific Fisheries Management Council, child support enforcement agencies for child support purposes and other agencies or individuals as required by law or court order. Name, address, and licenses held are public information that may be released.

**PART VIII: TO BE COMPLETED BY PHYSICIAN WHO EXAMINED PERMIT HOLDER ONLY IF TRANSFER IS REQUESTED DUE TO ILLNESS OR DISABILITY (use back of this page if more space is needed)**

By signing this form, the permit holder \_\_\_\_\_ authorizes the examining physician, clinic and/or hospital to release confidential information regarding his or her medical records to the Entry Commission. Failure to provide all requested information, below OR in separate attachments, may result in delay of the transfer request.

Signature of permit holder \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address of Hospital or Clinic: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Indicate if you are the patient's:      \_\_\_\_\_ regular physician      \_\_\_\_\_ specialist ( area \_\_\_\_\_ )  
   \_\_\_\_\_ village health aide      \_\_\_\_\_ emergency medical care provider  
   \_\_\_\_\_ other (specify \_\_\_\_\_ )

**PLEASE PRINT THE INFORMATION BELOW CLEARLY**

1. What date did you examine the patient: \_\_\_\_\_

2. What complaint did the patient present and what was the date of onset: \_\_\_\_\_  
\_\_\_\_\_

3. What did your examination consist of: \_\_\_\_\_  
\_\_\_\_\_

4. What is your diagnosis of the illness or disability: \_\_\_\_\_  
\_\_\_\_\_

5. This diagnosis is based primarily upon:  
   \_\_\_ information provided verbally by patient  
   \_\_\_ medical records and history  
   \_\_\_ personal examination and observation  
   \_\_\_ blood work, X-rays, other tests or procedures; specify \_\_\_\_\_  
\_\_\_\_\_

6. If the diagnosis is back pain or injury to the back, attach clinical notes describing the tests performed and their results: \_\_\_\_\_  
\_\_\_\_\_

7. Describe the patient's current physical limitations: \_\_\_\_\_  
\_\_\_\_\_

8. Have you previously seen the patient for the same or a related problem? YES NO If yes, indicate when and provide relevant history:  
\_\_\_\_\_

9. What treatment have you prescribed: \_\_\_\_\_

10. What is the prognosis and expected duration of the problem? \_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided by me above and in all attachments is true and correct to the best of my knowledge and that it is provided solely at the request of the permit holder to enable the Entry Commission to review the attached transfer request on a factual and objective basis. I understand that I may be contacted by the Entry Commission to answer further questions or testify about my diagnosis.

Signature of physician or medical examiner \_\_\_\_\_

Date \_\_\_\_\_

# Commercial Fisheries Entry Commission Credit Card Authorization

P.O. Box 110302  
Juneau, Alaska 99811-0302  
Phone: (907)789-6150/Fax: (907)789-6170  
www.cfec.state.ak.us

I authorize the Commercial Fisheries Entry Commission to charge the card indicated on this authorization. This payment is for the items listed below, for the amount indicated below and is valid for a one time use. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company as long as the transaction corresponds to the information indicated on this form.

### Please complete the information below:

*NOTE: IF THERE ARE ANY PROBLEMS WITH THIS AUTHORIZATION INCLUDING THE CREDIT CARD NUMBER YOU WILL BE REQUIRED TO SUBMIT A NEW AUTHORIZATION AS THE ENTRY COMMISSION DOES NOT RETAIN CREDIT CARD INFORMATION.*

List the items below that you want to pay for:

**Permit fees:** \$ \_\_\_\_\_

List all permit number(s) you are paying for: \_\_\_\_\_

**Vessel fees:** \$ \_\_\_\_\_

List all vessel ADF&G numbers you are paying for: \_\_\_\_\_

**Transfer fees:** \$ \_\_\_\_\_

List the permit number(s) you are paying for: \_\_\_\_\_

*\*NOTE: Transfer fees are for permit or vessel permit transfers only\**

### If you want your licenses express mailed you must check both spaces below:

\_\_\_\_\_ Yes, please express mail my licenses, I agree to pay the service fee of \$15.00.

\_\_\_\_\_ Yes, I have checked the USPS website for the current rate of express mail postage and agree to pay the current rate.

**Total fees to be charged on my credit card \$** \_\_\_\_\_

**Card holder name:** \_\_\_\_\_

**Signature of card holder:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**Account type:** \_\_\_\_\_ VISA      \_\_\_\_\_ MASTERCARD      \_\_\_\_\_ DISCOVER

**Expiration Date:** \_\_\_\_\_

**Credit card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_