Department of Fish and Game Division of Administrative Services Licensing Section P.O. Box 115525

COMMERCIAL FISHING CREWMEMBER LICENSE APPLICATION

Juneau, Alaska 99811-5525 Phone: (907) 465-2376; Fax: (907) 465-2440

e-mail: dfg.das.licensehelp@alaska.gov

License	Number	Issued:		
License	Number	Issued:		

If you are not in substantial compliance with your child support order and are on Alaska's Child Support Services Division's (CSSD) outstanding report, your license is null and void at the time of purchase. You will be subject to criminal sanctions for participation in any commercial crewmember activities. The Department of Fish and Game will match each licensee against

	CHECK	ONLY ONE: (I		CHECK	(AND COMPLI	ETE THE FOLLOWING AS		
☐ Resident /		s 31 \$200.00	I	APPLY TO APP				
	Child / Class 34 (10 or les	s vears old) \$5.00		onresident Child /	·	00		
Resident 7 day / Class 36 \$30.00 Nonresident 7 day / Class 37 \$30.00							aska Resident	Residency: Actual number of years and months as a
□ *Duplicate	/ Class 32 \$5.00			•			nresident	resident is required. If non-
For class 36, and 37						$\exists \Box$, in coldoni	resident, write "none."
STARTING D	ATE MM/DD/YYY	Υ	STARTING H	OUR	PM	U.	S. Citizen	Years Months
This certifies that application is being made in accordance with applicable laws. Name (first) (middle) (last)					License Year		Alien Reg. No.	
Mailing Addre		Physical Location	n of Residen	ce (If same as Ma	L ailing address, write "Same."			
City, State, Z	in Code			Country	City, State, Zip Co	nde		
Oity, Otato, 2	ip 0000			Country	Oity, State, Zip Ot	oue		
Social Securit	ty Number (REQUIRED)	Weight (lb	s) Eye Col	or Hair Color	Height (FT/IN)	Sex	Drivers Lic	cense No.
						ΜF		
Birth Date mm/dd/yy	Telephone Number (Optional)	Fax	Number	Your E-mail A	ddress:			
Social Security	Number Advisory: Yo	u are required	to provide you	ur social security	number, if over 1	6 years of a	age, when appl	ying for a Commercial
	icense unless you hav							, 5
person who esestablishes or the intent to refrom the state absent under c AS 16.05.480(license. If a pr Payment Info Check Signature	stablishes residency as claims residency in ar main indefinitely and runless during the abscircumstances that are a) A person engaged erson already holds a transition (Make checks or Money Order Vi	s outlined above the control of the	e remains a ritory, or coun Alaska. A per n (1) establish th the intent to I fishing is re or interim-us ate of Alaska) Card Card	esident during ar try; or (2) perforr son who establis ses or claims resi o remain indefinit quired to hold a se permit for the	n absence for froms an act, or is a hes residency as dency in another ely and make a h limited entry pe year, a crewme	m the state bsent unde outlined ab state, territ iome in Alas rmit, an int mber licen	unless during r circumstance; ove remains a ory or country; ska. erim-use perm se is not need	Expire
AFFIDAV	IT FOR DUPL	ICATE CC	MMERC	IAL FISHIN	G CREWM	EMBEF	R LICENS	E
I hereby report follows:	t the loss of my currer	t Commercial F	Fishing Crewm	nember License i	ssued to me in a	ccordance v	vith the Fish an	d Game Code of Alaska as
Number of Li	cense, If Known		Issued By (N	ame of License (Officer)			
Date of Issu	ance		Place of Issu	ance				
tion is true a		at I understa	and this info	rmation exce	pt social secu	rity numb	er is subjec	tion on this applica- t to public disclosure. t or both, per AS
Applicant _	X							
Date:								

11-525(rev 04/12)