## Federal Subsistence Customary Trade Record Keeping Form

OMB Control No. 1018-0075 Expires: 01/31/2024

Description:						Season:				
Applicant's Name (First, Middle Initial, Last)				Date of Birt	h	Permit #				
Mailing Address						Physical Address				
City, State, Zip Code						Community of Primary Residence				
AK Drivers License # or other acceptable ID				Telephone Number(s)		Date Permit Issued (mm/dd/yy)				
Applicant's Signature							Issuing Agent (Print)			
I certify that I a	am a rural resident as define	ed by 50 CFR 100.4	 and 36 CFf	R 242.4. I have rea	d and					
understand th	e conditions on the permit	and agree to comp	oly with the	em and applicable						
	found in 50 CFR 100 and 36	-								
Househo	old members designa	ated to fish with	n this Pe	ermit (must b	e Fede	rally-qualifie	d subsister	ce users)		
Name		DOB		Name		DOB				
Name		DOB .		Name			DOB DOB			
Name		DOR_		Name				DOR		
	ubsistence Fishing F		plicant: _	Check here if			Report D	Oue by:		
Date of Sale	Buyers Name	Buyers Address			\ ·	Num	mber of Total Fish:		Dollar Amount	
Date of Care			•	Speci	Species	Fish	Fish Parts	Eggs	- Dollar Amount	
Authority: The infor	mation requested is authorized by the	e Alaska National Interest	Lands Conser	NOTICES PRIVACY ACT STATE! vation Act: 36 CFR 242	MENT and 50 CFR	100.				

Authority: The information requested is authorized by the Alaska National Interest Lands Conservation Act; 36 CFR 242 and 50 CFR 100.

Purpose: The applicant's information will be used to contact the individual if there are any questions on the harvest reported in the effort to manage fish and wildlife resources for future seasons.

Routine Uses: The Federal Subsistence Board will use the provided information to make recommendations to the Secretaries of Interior and Agriculture for the appointment of members to the Federal Subsistence Regional Advisory Councils. More information about routine uses can be found in the System of Records Notice, Permits System, FWS-21.

Disclosure: Providing the information is voluntary, but required to obtain or retain a benefit.

PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), the U.S. Fish and Wildlife Service collects information necessary to make recommendations to the Secretaries of the Interior and Agriculture for appointment of members to the Federal Subsistence Regional Advisory Councils. It is our policy not to use your name for any other purpose. Your response is voluntary, but is required to obtain or retain a benefit.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1018-0075.

ESTIMATED BURDEN STATEMENT

OMB has approved this collection of information and assigned Control No. 1018-0075.

ESTIMATED BURDEN STATEMENT

We estimate public reporting for this collection of information to average 10 minutes for the application and permit, and 5 minutes for the report, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Service Information Collection Clearance Officer, Division of Policy, Performance, and Management Programs, Fish and Wildlife Service, MS: PRB (JAO/3W), 5275 Leesburg Pike, Falls Church, VA 22041-3803, or via email at Info\_Coll@fws.gov. Please do not send your completed form to this address

FWS Form 3-2379 Rev. C FWS Form 3-2379 Rev. 05/2018

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Permit Conditions:			
Fold on this line (second) - After ma	iking the folds, tape this flap to the bottom of the letter, making sure that the return address is visible.		
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Fold on this line (first)			
Return Address			NO POSTAGE
			NECESSARY IF MAILED
		1111111	IN THE UNITED STATES
			OTHIED STATES
_			
	BUSINESS REPLY MAIL		
	FIRST CLASS MAIL PERMIT NO. 12874 ANCHORAGE AK		
L	POSTAGE WILL BE PAID BY ADDRESSEE		
	Address		
	Post Office Bar Code		