



20___ Proxy Fishing Information Form

See instructions on reverse.

Providing false information on this form is subject to punishment as a misdemeanor under AS 16.05.420 and AS 11.56.210

This form provides information about an Alaskan resident ("Proxy") who wishes to take finfish or shellfish on behalf of another Alaskan resident ("Beneficiary") who is blind AS 16.05.403 (a), 70% physically disabled AS 16.05.940 (25), or 65 years of age or older, in accordance with AS 16.05.405, 5 AAC 75.011, 5 AAC 77.016, and 5 AAC 01.011, and to provide information about the beneficiary.

TAKING OF HALIBUT BY PROXY IS UNLAWFUL
Alaska state regulations prohibit the taking of halibut by proxy in sport fishing, personal use fishing, and subsistence fishing. 5 AAC 01.011(b), 5 AAC 75.011(b), 5 AAC 77.016(b).

When proxy fishing, the proxy must have each of the following in his/her possession: 1) the sport fishing license or ADF&G Permanent ID card of the Beneficiary; 2) all applicable subsistence or personal use permits for both the Proxy and the Beneficiary; AND 3) this completed Proxy Fishing Information Form, signed by ADF&G. Beneficiaries may substitute a written statement authorizing the Proxy for the "Beneficiary" portion of this form, as long as the statement includes all information requested of the Beneficiary below. The Proxy portion below must still be filled out, and the Proxy Fishing Information Form validated by ADF&G.

PERIOD OF PROXY AUTHORIZATION: The PROXY named on this form is authorized to fish for the BENEFICIARY named on this form for the following period: ___/___/___ to ___/___/___ (only good within a calendar year).

BENEFICIARY INFORMATION (Person receiving the fish)

Name
Address
City State
Zip Code Telephone No.

Alaska resident fishing license number
ADF&G Senior License (PID)
ADF&G Disabled Veteran's License (DAV)
Regular fishing license (Class 1, 1A, 4, 5, 5A, 5B, or 18 dup. res.)

Type of permit: Permit number:
Type of permit: Permit number:
Type of permit: Permit number:

REASON FOR PROXY AUTHORIZATION:

Beneficiary is
Blind (AS 16.05.403); OR
65 years of age or older: OR
70 % physically disabled -- DEFINITION: According to Alaska state law 16.05.940 (25), a person with physical disabilities means a person who presents to the department either written proof that the person receives at least 70 percent disability compensation from a government agency for a physical disability or an affidavit signed by a physician licensed to practice medicine in the state stating that the person is at least 70 percent physically disabled.

Proxy Designation:

I hereby designate the person identified on this application as my proxy and authorize him/her to harvest fish and shellfish on my behalf. He/She has possession of my resident sport fishing license or ADF&G Permanent ID, and my applicable fishing permits.

X Signature of Beneficiary Date

PROXY INFORMATION (Person catching the fish)

A Proxy may fish for only one (1) Beneficiary at a time. A Proxy is limited to two (2) bag limits per day. A Proxy must immediately record, in ink, on this Proxy Fishing Information Form, the date, location (body of water fished), species, approximate weight, and number of any fish or shellfish taken by the Proxy on behalf of the Beneficiary. A Proxy who takes fish or shellfish for a Beneficiary shall, as soon as practicable, but not later than 30 days after taking the fish or shellfish, personally deliver all edible parts of the fish or shellfish removed from the field for the Beneficiary. A PROXY MAY NOT TAKE HALIBUT FOR A BENEFICIARY.

Name
Address
City State
Zip Code Telephone No.

Alaska resident fishing license number
ADF&G Senior License (PID)
ADF&G Disabled Veteran's License (DAV)
Regular fishing license (Class 1, 1A, 4, 5, 5A, 5B, or 18 dup. res.)

Type of permit: Permit number:
Type of permit: Permit number:
Type of permit: Permit number:

TYPE OF PROXY FISHING:

Check all that apply:
Sport Fishing (5 AAC 75.011)
Personal Use Fishing (5 AAC 77.016)
Subsistence Finfish (5 AAC 01.011)
Subsistence Shellfish (5 AAC 02.011)

I hereby certify that I am the Proxy, that I have read and do understand the above statements, and that I believe that all of the information I provided in this form is true.

X Signature of Proxy Date

ADF&G VALIDATION INSTRUCTIONS: Sign below and make 2 copies. Send ORIGINAL to Division of Sport Fish Research & Technical Services, 333 Raspberry Rd., Anch. AK 99518. Keep 1 copy on file in your office, give 1 copy to applicant.
ADF&G Employee Printed Name ADF&G Employee Signature Location Date

