

Application for Payments under the Southeast Alaska 2012 Chinook Salmon Mitigation Direct Distribution Programs

Alaska Department of Commerce, Community, & Economic Development Division of Community & Regional Affairs

PO Box 110801, Juneau, AK, 99811

Phone: (907) 465-4751

CEDChinook@alaska.gov

Instructions:

- 1) If you have any questions, please contact Lawrence Blood at the Division of Community and Regional Affairs at (907) 465-4751 or CEDChinook@alaska.gov.
- 2) Mail or email your SIGNED application to DCCED at the above address by December 4, 2013! If you email your application, do not consider it submitted until you receive a return email from DCCED confirming your email was received. Keep this email for your records.

Part A: Applicant Information

Name

Address

City

State

Zip

- I request that the contact information listed above be used for all subsequent mailings or inquiries regarding this program.



This application must be
received by DCCED by
December 4, 2013

Part B: Flat Rate Component

Select one below:

- I held a **2012** salmon **hand troll permit** and landed at least one Chinook salmon during the 2012 summer (July 1 – Sept. 30) troll season.
- I held a **2012** salmon **power troll permit** and landed at least one Chinook salmon during the 2012 summer (July 1 – Sept. 30) troll season.

Part C: 2012 Poundage Payment Based Upon Commercially Landed Chinook Salmon

Select one below:

- I am submitting copies of fish tickets to verify my commercial harvest of Chinook salmon taken on a hand or power troll permit during the 2012 summer (July 1 – Sept. 30) troll season.
- I agree to allow DCCED to use existing CFEC permit and ADF&G fish ticket records to calculate my payment.

Under this section, eligibility is determined by state records of permit holders who commercially harvested at least one chinook salmon during the 2012 summer (July 1-Sept 30) salmon troll season.

Part D: Certification

You must complete this portion or your application will not be accepted.

I certify under penalty of perjury that the information contained herein is true and correct. I also authorize the release of this information to the Department of Commerce, Community, & Economic Development / Division of Community & Regional Affairs for the purposes of processing this application under the Chinook Salmon Mitigation Direct Distributions Program.



Signature of Applicant

Date



Applicant Social Security Number

Date



Contact Phone Number

Email Address (if you have one)

I request that the following contact information be used for all subsequent mailings or inquiries regarding this program:

Address

City

State

Zip

Payments made under this program are taxable as income, and are required to be reported to the U.S. Internal Revenue Service.