



20\_\_ Proxy Fishing 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 (26), developmentally disabled AS 16.05.940 (25) (A-G) or 65 years of age or older, in accordance with AS 16.05.405, 5 AAC 75.011, 5 AAC 77.016, 5 AAC 01.011, and 5 AAC 02.011, 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, personal use, 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 valid sport fishing license of the Proxy AS 16.05.405(c)
2) the sport fishing license or ADF&G Permanent ID card of the Beneficiary
3) all applicable subsistence or personal use permits for BOTH the Proxy and the Beneficiary
4) 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 # \_\_\_\_\_

Type of permit \_\_\_\_\_ Permit # \_\_\_\_\_

Type of Permit \_\_\_\_\_ Permit # \_\_\_\_\_

REASON FOR PROXY AUTHORIZATION

Beneficiary is:
[ ] 65 years of age or older
[ ] Blind AS 16.05.403(a) affidavit required
[ ] 70% physically disabled AS 16.05.940 (26) affidavit required
[ ] Developmentally disabled AS 16.05.940 (25) (A-G) affidavit required

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. I understand that I may NOT fish at the same time as my Proxy.

X \_\_\_\_\_
Signature of Beneficiary Date

PROXY INFORMATION (Person catching the fish)

Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_
Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Alaska resident fishing license 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 understand the above statements, and that all of the information I provided on this form is true. I understand that I may not proxy fish for more than one Beneficiary at a time. I may not take more than twice the daily bag limit nor possess more than twice the possession limit. I may not fish with more than one legal limit of gear. I understand that I must fill out the Proxy Fishing Harvest Record card on the back of this form. I agree to deliver all edible parts of the fish or shellfish (harvested for the Beneficiary) to the Beneficiary within 30 days.

X \_\_\_\_\_
Signature of Proxy Date
(must be signed prior to fishing)

Contact your local ADF&G office if you have questions.

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

**Instructions**

**Proxy Fishing Information Form**

1. Fill in the Current year at the top of the form.
2. Fill in the dates the proxy fishing will occur. Dates may not span a calendar year.
3. **BENEFICIARY Information**
  - a. Fill in the form with name, address, and telephone number of the Beneficiary (the person receiving the fish).
  - b. Write down the number of the Beneficiary's current year **Alaska resident** sport fishing license, or ADF&G Permanent ID card, or ADF&G Disabled Veteran's card in space provided. Proof of license is required for validation.
  - c. For a fishery that requires a permit, write down the Beneficiary's permit number in the space provided. If you are unsure if a permit is needed, ask an ADF&G official to help you.
  - d. Indicate one of the four reasons for the proxy.
  - e. The Beneficiary signs where it says "Signature of Beneficiary."
4. **PROXY Information**
  - a. Fill in the spaces on the form with the name, address, and telephone number of the Proxy (the person catching the fish).
  - b. Write down the number of the Proxy's current year Alaska resident sport fishing license, or ADF&G Permanent ID card, or ADF&G Disabled Veteran's card in the space provided.
  - c. The Proxy signs where it says "Signature of Proxy." The proxy does not need to sign before validation, but must sign before proxy fishing.
5. **ADF&G Officials:** See instructions in the validation section on the other side of this form.

**Definitions**

**AS 16.05.403(a)** A resident hunting license, a resident sport fishing license, a resident subsistence fishing permit, or a resident personal use fishing permit indicating that the purchaser is blind may be obtained from the department upon payment of the fee prescribed in AS 16.05.330 - 16.05.430 and upon presentation of either an affidavit of the applicant stating that the applicant cannot distinguish light from darkness or an affidavit signed by a licensed physician or a licensed optometrist stating that the applicant's central visual acuity does not exceed 20/200 in the better eye with correcting lenses or that the applicant's widest diameter of visual field subtends an angle no greater than 20 degrees.

**AS 16.05.940(26)** "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.

**AS 16.05.940(25) (A-G)** "person with developmental disabilities" means a person who presents to the department an affidavit signed by a physician licensed to practice medicine in the state stating that the person is experiencing a severe, chronic disability (A) attributable to a mental or physical impairment or a combination of mental and physical impairments; (B) that is manifested before the person reaches 18 years of age; (C) that is likely to continue indefinitely; (D) that results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; (E) that reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; (F) and that the person is not a danger to themselves or others; (G) and that the person does not suffer from a mental illness; in this subparagraph, "mental illness" means an organic, mental, or emotional impairment that has substantial adverse effects on a person's ability to exercise conscious control of the person's actions or ability to perceive reality or to reason or understand.

**PROXY FISHING HARVEST RECORD**

You must immediately record, in ink, the information requested below on this harvest record. This recording requirement is **IN ADDITION TO** the information required to be recorded on the back of the fishing license or harvest record card, and **IN ADDITION TO** recording requirements on personal use and subsistence fishing permits. This form does not have to be returned to the Department; however, you must show this form, upon request, to any representative of ADF&G or any peace officer of the state. If extra space is needed, attach another sheet.

Date of harvest	Location (body of water fished)	Species	Number of fish or crab	Approximate weight or volume of shellfish other than crab		Date of delivery to Beneficiary
				gallons	pounds	