Application to Transfer a Tier II Hunt Permit for Deployed Military Personnel

5 AAC 92.050 states: A person that is on active duty, National Guard or Reserves status, in a branch of the military under United States Department of Defense, and who is under orders of a state's governor or the President of the United States for deployment to a combat zone, or for the purpose of humanitarian aid, peace-keeping, increased security, homeland defense, defense support of civil authority, or evacuation of United States citizens, and that has been issued a Tier II permit may transfer that Tier II permit only during the same regulatory year to a substitute resident hunter while the person is deployed under this subparagraph, under procedures set out in the applicable permit hunt supplement;

Send completed forms to: dfg.dwc.huntpermit.reissue@alaska.gov, or ADF&G Attn: Tara Moskiewicz, 1801 S Margaret Dr, Ste 4, Palmer, AK 99645

NOTE: This form must be filled out completely to be considered. PLEAE PRINT CLEARLY - USE ALL CAPS.

TIER II PERMIT HOLDER

FULL LEGAL FIRST NAME | MI | FULL LEGAL LAST NAME | SUFFIX

DATE OF BIRTH (MM-DD-YYYY) — — | DL STATE | STATE ISSUED DRIVER'S LICENSE (DL)/ID NUMBER | OR ☐ I DON'T HAVE A STATE ISSUED DRIVER'S LICENSE (DL)/ID NUMBER

MAILING ADDRESS

CITY | STATE | ZIP

- I am on active duty, National Guard or Reserves status, in a branch of the military under US Department of Defense. YES ☐ NO ☐
- I am under orders of a state's governor or the President of the United States for deployment to a combat zone, or for the purposes of humanitarian aid, peace-keeping, increased security, homeland defense, defense support of civil authority, or evacuation of United States citizens. YES ☐ NO ☐
- I am prevented from using the Tier II hunt permit ☐☐☐☐☐ (Ex: TM059) due to this deployment. YES ☐ NO ☐

Deployment Dates: (MM-DD-YYYY) — — to (MM-DD-YYYY) — —

Order Number: _____

SUBSTITUTE HUNTER

FULL LEGAL FIRST NAME | MI | FULL LEGAL LAST NAME | SUFFIX

DATE OF BIRTH (MM-DD-YYYY) — — | DL STATE | STATE ISSUED DRIVER'S LICENSE (DL)/ID NUMBER | OR ☐ I DON'T HAVE A STATE ISSUED DRIVER'S LICENSE (DL)/ID NUMBER

MAILING ADDRESS | HUNTING LICENSE NUMBER

CITY | STATE | ZIP

EMAIL ADDRESS

TELEPHONE NUMBER — — | COMMUNITY OF PRINCIPAL RESIDENCE | AK RESIDENCY ☐ AK RESIDENT ☐ NON RESIDENT

With my signature below, I hereby certify that I am the applicant and all of the information I have provided in this application is true and correct. I also understand some of this information is subject to public disclosure.

Applicant Signature | Date | Contact Phone Number

NOTE: Any military staff member can substitute for the supervisor's signature below.

By signing, you are confirming that the above individual is on active duty, National Guard, or Reserves status in a branch of the military under US Department of Defense deployment orders to a combat zone, or for the purposes of humanitarian aid, peace-keeping, increased security, homeland defense, defense support of civil authority, or evacuation of United States citizens during the dates specified above.

Supervisor Signature | Date | Contact Phone Number

Providing false information on this application is subject to a maximum penalty of either a $10,000 fine or 1 year imprisonment, or both, per 5AAC92.020, 5AAC92.062,AS16.05.420, AS16.05.925 and AS11.56.210. If requested by ADF&G or an Alaska Wildlife Trooper to provide additional information to support answers on your application, you must comply or you will be cited.