

CALIFORNIA CHINOOK SALMON COMMERCIAL PASSENGER FISHING VESSEL LOST INCOME APPLICATION

California Federal Chinook Salmon Disaster Relief Program

Forms must be postmarked no later than January 15, 2008

Please return this form to:

Pacific States Marine Fisheries Commission - 205 SE Spokane Street, Suite 100 - Portland, OR 97202

To qualify for the funds listed below, you must have:

- ✓ A Business License or federal, state or local government documented approval for doing business in California for the year 2006.
- ✓ A 2006 California Salmon Stamp.
- ✓ Completed W- 9 Form (*enclosed*)
- * All funds are taxable
- * All forms when complete, must be mailed to Pacific States Marine Fisheries Commission, 205 SE Spokane Street, Portland, Oregon 97202

- **Declare** the value of your loss by providing the following **documentary and written support** for your claim:

Documentary Support:

As documentary support for your claim, please submit one or more of the following for each of the years 2002-2006:

- Federal Tax Returns 2002- 2006
- Financial statements that have either been compiled, reviewed or audited by an independent Certified Public Accountant
- Financial statements produced by a professional accounting software program.
- Financial statements prepared by your staff for internal management purposes.
- Other financial documents that directly support your estimated loss.

Written Support:

As written support for your claim of Lost Business Income as related to the California Chinook Salmon Disaster please complete the following:

1. Please describe how the 2006 restricted California Chinook salmon fishing season impacted your operations as compared to your best salmon season between 2002-2005. What percentage of your business is dedicated exclusively to supporting the California Chinook salmon industry, and how were you adversely impacted?

2. Please identify your direct financial loss for the 2006 salmon season as compared to the one best salmon season between 2002-2005.

3. Please indicate the amount you request and describe the methodology and assumptions you used to support your estimated loss.

Requested amount \$_____

Justification:

Business Owner(s) Name: _____

Business Name: _____

Business License/Permit Number: _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Cell # _____

E-Mail _____

I understand that California Department of Fish and Game Commercial Passenger Fishing Vessel (CPFV) logbook data will be used to verify my claim, and further;

I understand that I/we may be audited and therefore, I/we certify that this application is true and accurate. Tax returns may be required for support of claim.

Signature

Date

All funds are taxable.

(Print full legal name)