

**2016 ALASKA PINK SALMON
FEDERAL DISASTER RELIEF PROGRAM**

**REQUEST FOR REVIEW MUST BE POSTMARKED BY November 15, 2019
REVIEWS RECEIVED AFTER THAT DATE WILL NOT BE CONSIDERED**

DATE: _____

NAME OF APPLICANT: _____

MAILING ADDRESS OF APPLICANT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ PERMIT/PROCESSING CODE #: _____

EMAIL ADDRESS: _____

I, _____, request a Review of the determination
made by Pacific States Marine Fisheries Commission for the:

- ☐ CFEC Permit Holder Application CFEC PERMIT SERIAL #: _____
- ☐ Processor For Pink Salmon Application PROCESSING CODE #: _____

I am requesting a review for the following reasons: (Attach additional pages if necessary)

Signature: _____ Date: _____

*By my signature, I guarantee that all information provided by me on this Federal Disaster Relief Program
Request For Review is true and accurate*

Return this completed form to:

**PSMFC - 205 SE Spokane Street, Suite 100 - Portland, Oregon 97202
Questions: psmfc.org – Fishery Disaster – Gulf of Alaska Pink Salmon FAQ's
PSMFC at 1-888-517-7262**