

**2016 ALASKA PINK SALMON
FEDERAL DISASTER RELIEF PROGRAM
CREW MEMBER APPEAL**

REQUEST FOR REVIEW MUST BE POSTMARKED BY **JANUARY 31, 2020**
REVIEWS RECEIVED AFTER THAT DATE WILL NOT BE CONSIDERED

DATE: _____

NAME OF APPLICANT: _____

MAILING ADDRESS OF APPLICANT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ EMAIL ADDRESS: _____

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

CFEC PERMIT HOLDER NAME _____;
(skipper/captain who signed the fish tickets)

VESSEL _____; FISHERY AREA _____;

GEAR _____

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