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