



**Please indicate what type of fisher best identifies you. (Please check either Commercial OR Sustenance)**

\_\_\_ Commercial (If you sell, trade, barter fish or are paid for fishing services)

Business/Company Name \_\_\_\_\_

Business License Number \_\_\_\_\_

\_\_\_ Sustenance (If you keep your catch for home consumption and/or to educate for cultural purposes)

Boat GU Number/Name \_\_\_\_\_

**I certify that this application is true and accurate and that I am eligible for the 2020 CARES ACT Fisheries Relief Funds.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**ALL FUNDS RECEIVED ARE TAXABLE – SUBJECT TO INCOME AND SELF-EMPLOYMENT TAXES**

**Complete this form and return with your completed W-9. All documents validating your loss and this claim for relief funds should have been submitted to DOAG DAWR by August 3, 2020.**