

PERMIT ALTERATION REQUEST FORM

**STATE OF ALASKA
DEPARTMENT OF FISH AND GAME
PRIVATE NONPROFIT PROGRAM**

GENERAL INSTRUCTIONS

1. Fill in the blanks on the form provided (grey boxes will expand as you type).
2. Where necessary to fully answer a particular question, attach additional pages marked with the corresponding appendix number in the application.
3. Applications **must** be typed.
4. Applications **must** be signed by the legally authorized representatives of the corporate applicant.
5. The application should be forwarded to the following address:

STATE OF ALASKA
DEPARTMENT OF FISH AND GAME
COMMERCIAL FISHERIES DIVISION
P.O. BOX 1125526
JUNEAU, AK 99811-5526

ATTENTION:
PNP HATCHERY PROGRAM MANAGER

6. Requests for assistance in preparation of the application or related activities should be directed to the Program Manager. Such requests will be honored to the extent available staff time and funds permit.

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**STATE OF ALASKA
DEPARTMENT OF FISH AND GAME
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I. IDENTIFICATION OF APPLICANT

A. Applicant Information

Applicant Name	Organization	
Address	Phone Number	
City	State	Zip

B. Hatchery Information

Hatchery Name	PNP Permit Number
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II. STATEMENT OF APPLICANT'S GOALS AND OBJECTIVES

- A. Describe the nature of the requested alteration, why you have decided to request it, and what you generally expect to accomplish by the expansion of your program, including answers to the following questions. Will the proposed project affect wild salmon stocks or existing fisheries? How will a significant contribution to common property fisheries be made? How will potential effects and interactions between introduced or enhanced stocks and wild stocks be assessed? What marking and recovery studies are being proposed that will allow the project to be evaluated? What are the potential benefits to fisheries or wild stocks from the proposed project? Has this project been discussed with the department's area or regional management biologists? (Attach additional pages as necessary.)

Click here and type text

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III. IMPACTS ON EXISTING HATCHERY PROGRAM

A. Present Permitted Capacity

(numbers of green eggs by species)

Pink	_____	Coho	_____
Chum	_____	Chinook	_____
Sockeye	_____	Other	_____

B. Capacity After Request

(numbers of green eggs by species)

Pink	_____	Coho	_____
Chum	_____	Chinook	_____
Sockeye	_____	Other	_____

C. Water Use

1. List the total amount of water available and the source.

Click here and type text

2. List the amount of water presently being used.

Click here and type text

3. List the additional amount of water needed for this alteration.

Click here and type text

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IV. HATCHERY DESIGN

- A. Please provide a detailed description of new facilities needed with this alteration (e.g., buildings, incubators, rearing space, piping, etc.). This description should represent a solid concept of the proposed hatchery changes/expansion. Drawings showing the layout of new structures should be attached when appropriate.

Click here and type text

V. DECLARATION AND SIGNATURE

I declare that the information given in this application is, to my knowledge, true, correct, and complete.

Name of Applicant

Date Signed

Signature of Applicant