FOR INFORMATIONAL PURPOSES ONLY

State of Alaska Big Game Commercial Services Board
Department of Commerce, Community, and Economic Development
P.O. Box 110806, Juneau, Alaska 99811-0806
Telephone: (A – K) (907) 465-2543 (L – Z) (907) 465-2691

TRANSPORTER ACTIVITY REPORT

(This form must be submitted to the department within 60 days of completion of activity) 38484

TOP PORTION OF TRANSPORTER ACTIVITY REPORT MUST BE COMPLETED ON THE DAY OF TRANSPORT INTO THE FIELD

(Please Print) ***Incomplete Form Will Be Returned For Completion***

1. **Transporter Business Name:** _____ **Transporter Lic. No:** _____
2. **Please check the appropriate box:**
   ☐ Drop-Off & Pick Up Service ☐ Drop-Off Service Only ☐ Pick-Up Service Only
3. **Big Game Hunter(s) Information:**

a. Client Name: _____ Tel. No. _____ Hunting Lic. No: _____
Address: _____ City: _____ State: _____ Zip: _____

b. Client Name: _____ Tel. No. _____ Hunting Lic. No: _____
Address: _____ City: _____ State: _____ Zip: _____

c. Client Name: _____ Tel. No. _____ Hunting Lic. No: _____
Address: _____ City: _____ State: _____ Zip: _____

d. Client Name: _____ Tel. No. _____ Hunting Lic. No: _____
Address: _____ City: _____ State: _____ Zip: _____

e. Client Name: _____ Tel. No. _____ Hunting Lic. No: _____
Address: _____ City: _____ State: _____ Zip: _____

f. Client Name: _____ Tel. No. _____ Hunting Lic. No: _____
Address: _____ City: _____ State: _____ Zip: _____

4. **Date Transported to Field:** _____ 5. **Specific Location:** _____
6. **GMU/Subunit:** _____ 7. **Method of Transportation Used:** ☐ Aircraft ☐ Boat ☐ Other _____

I hereby certify that all information on this form is true and correct. (WARNING: Making a false statement or omitting a material fact is subject to disciplinary action under AS 08.54.710 and 12 AAC 75.400. A person may also be subject to criminal charges for unsworn falsification under AS 11.56.210.)

Signature of Person Transporting **Date**

BOTTOM PORTION MUST BE COMPLETED IMMEDIATELY AFTER TRANSPORTING THE CLIENT OUT OF THE FIELD

8. **Date Transported From Field:** _____ 9. **Specific Location:** _____
10. **BIG GAME TRANSPORTED**

Species Harvested * *If bear, specify brown or black bear*	**Estimated Pounds of Meat Transported**	**NOTES:**

I hereby certify that all information on this form is true and correct. (WARNING: Making a false statement or omitting a material fact is subject to disciplinary action under AS 08.54.710 and 12 AAC 75.400. A person may also be subject to criminal charges for unsworn falsification under AS 11.56.210.)

Signature of Person Transporting **Date**

State of Alaska Big Game Commercial Services Board
Department of Commerce, Community, and Economic Development
P.O. Box 110806, Juneau, Alaska 99811-0806
Telephone: (A – K) (907) 465-2543 (L – Z) (907) 465-2691

HUNT RECORD

(This form must be submitted to the department within 60 days after hunt is completed) 43003

TOP PORTION OF HUNT RECORD MUST BE COMPLETED PRIOR TO HUNT

1 **(Please Print)** ***Incomplete Form Will Be Returned For Completion***

Name of Contracting Registered Guide-Outfitter: _____ License #: _____

YOU MUST CHECK ONE: ☐ **GUIDED** ☐ **TRANSPORTED ONLY** ☐ **OUTFITTED ONLY**

2 Client Name: _____ Telephone No.: (___) _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

3 **If you leave Ticket/Permit Numbers or Big Game Tag Numbers blank, you are attesting that those items are not required.**

HUNTING LICENSE NUMBER	HARVEST TICKET and/or PERMIT NUMBER	BIG GAME TAG NUMBER
	_____	_____
	_____	_____
	_____	_____
	_____	_____

I hereby certify that all the information provided on this form that pertains to my activities are true and correct. (WARNING: A person may also be subject to criminal charges for unsworn falsification under AS 11.56.210).

_____ _____
CLIENT SIGNATURE DATE

BOTTOM PORTION MUST BE COMPLETED AFTER HUNT – EVEN IF HUNT IS UNSUCCESSFUL

4 Name and License Number(s) of Licensed Registered Guide-Outfitter(s), Class-A or Assistant Guide(s), and Packer(s) Accompanying Client in the Field:

Name: _____ Lic. #: _____ Name: _____ Lic. #: _____

Name: _____ Lic. #: _____ Name: _____ Lic. #: _____

Name: _____ Lic. #: _____ Name: _____ Lic. #: _____

5 **DATES CLIENT WAS IN THE FIELD:**

FROM: ___/___/___ **TO:** ___/___/___ **DATE HUNT COMPLETED:** ___/___/___

Method of Transportation Used: ☐ Aircraft ☐ Boat ☐ Other _____

*** If bear, specify brown or black bear.**

SPECIES HUNTED	DATE HARVESTED	GUIDE USE AREA(S)	EST. LBS. OF MEAT RECOVERED	SPECIFIC AREA / LOCATION	SEX OF ANIMAL
_____	_____	_____	_____	_____	F M
_____	_____	_____	_____	_____	F M
_____	_____	_____	_____	_____	F M
_____	_____	_____	_____	_____	F M

MUST BE SIGNED BY THE CONTRACTING REGISTERED GUIDE-OUTFITTER

I hereby certify that I have complied with the communication requirement in 12 AAC 240, that all of the information provided on this form is true and correct, and I am approved to conduct guiding or outfitting activities in the guide use area(s) listed. (WARNING: Making a false statement or omitting a material fact is subject to disciplinary action under AS 08.54.710 and 12 AAC 75.210. I understand that it is a Class A misdemeanor under AS 11.56.210 to falsify and commit the crime of unsworn falsification.

_____ _____
CONTRACTING REGISTERED GUIDE-OUTFITTER SIGNATURE DATE