



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

FOR INFORMATIONAL
 PURPOSES ONLY

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 <i>* If bear, specify brown or black bear</i>	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 _____