

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.