



**STATE OF ALASKA**  
**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**INDEPENDENT FISHING VESSEL AND**  
**SHORE-BASED FISHING OPERATION PROTECTIVE MEASURES**  
**ACKNOWLEDGMENT FORM – HEALTH ORDER NO. 5, APPENDIX 04**



The State of Alaska acknowledges the importance of our commercial fishing fleets to our economy and our lifestyle as Alaskans. In order to ensure a safe and productive fishing season this year, while protecting Alaskan communities to the maximum extent possible from the spread of the coronavirus, protective measures are necessary for independent commercial fishing vessels and shore-based harvesting operations operating within Alaskan waters and ports in order to prevent, slow, and disrupt the spread of the virus that causes COVID-19.

<b>Vessel Name</b>		<b>USCG or ADFG #</b>	
<b>Home Port</b>			
<b>Shore-based Location</b>		<b>CFEC/Setnet Number(s)</b>	
<b>Vessel Captain or Site Manager Name(s)</b>			
<b>Total Onboard / On Site</b>			

I, \_\_\_\_\_, have read and understand all of the requirements of Health Order No. 5. As the person responsible for the above-named vessel or shore-based fishing operation, I hereby acknowledge and agree to: (initial one)

\_\_\_ Comply with the protective plan in Appendix 02 of Health Order No. 5 for my vessel for the 2021-fishing season.

\_\_\_ Comply with the fleet or association protective plan submitted by \_\_\_\_\_ for the 2021-fishing season.

\_\_\_ Comply with the protective plan in Appendix 03 of Health Order No. 5 for my harvesting operation for the 2021-fishing season.

I agree to comply with all other Health Orders issued by the State of Alaska and any local community mandates, ordinances, or directives that are not in direct conflict with Health Order No. 5. I agree to keep a copy of this form and any other documentation required under this Mandate and the Appendixes for the entirety of the 2021-fishing season. I shall produce this form and any other required documentation upon request to the United States Coast Guard, the State of Alaska, Department of Fish and Game, Department of Health and Social Services, and/or the Alaska State Troopers.

**CERTIFICATE:** I swear or affirm, under penalty of perjury, that the above information I provided on this document is true and correct. I swear or affirm I will comply with all of the requirements set out in Health Order No. 5 and the Appendixes.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_