



STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
INDEPENDENT FISHING VESSEL AND
SHORE-BASED FISHING OPERATION PROTECTIVE MEASURES
ACKNOWLEDGMENT FORM – HEALTH ADVISORY NO. 4 - 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.

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

I, _____, have read and understand all of the recommendations of Health Advisory No. 4. 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 Advisory No. 4 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 Advisory No. 4 for my harvesting operation for the 2021 fishing season.

I agree to comply with other Health Advisories issued by the State of Alaska and any local community mandates, ordinances, or directives that are not in direct conflict with Health Advisory No. 4. I agree to keep a copy of this form and any other documentation required under this Alert 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 that the above information I provided on this document is true and correct. I swear or affirm I will comply with all of the recommendations set out in Health Advisory No. 4 and the Appendixes.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____