

DATA RELEASE FORM FOR COPIES OF TRIPS

- The only individuals who may request and receive copies of completed AMMOP data forms are ADFG fishing permit holders who participated in the fishery monitored by the NOAA/National Marine Fisheries Service/Alaska Marine Mammal Observer Program. A permit holder may only request and receive data completed of observation of that permit holder's fishing operations.
- Any request for copies of completed observer forms must be submitted in writing on an AMMOP Data Release Request Form (see reverse side), which may be obtained from a NMFS observer or the address below. All signed and completed requests must be sent to the following address:

Program Coordinator, Alaska Marine Mammal Observer Program
National Marine Fisheries Service
Office of Protected Resources
P.O. Box 21668, Room 461
Juneau, Alaska 99802

- Upon release of the requested data, the permit holder becomes responsible for it.
- All requests must be completed in pen.

*****SEE FORM ON REVERSE SIDE*****

DATA RELEASE REQUEST

(Date of Request)

Program Coordinator, Alaska Marine Mammal Observer Program
National Marine Fisheries Service
Office of Protected Resources
P.O. Box 21668, Room 461
Juneau, Alaska 99802

Dear AMMOP Coordinator:

I am a permit holder in the State of Alaska - Southeast Alaska salmon drift gillnet fishery and request the release to myself a copy of all data collected and recorded by an observer from the NOAA/National Marine Fisheries Service- Alaska Marine Mammal Observer Program of my fishing operations on the following date(s):

(MMDDYY - please list each date separately, separated by commas)

I understand that I am responsible for these data upon release to me by NOAA/ National Marine Fisheries Service. I further understand that the data I receive may be preliminary and not yet completely reviewed or finalized by the Alaska Marine Mammal Observer Program.

(SIGNATURE)

(PRINTED NAME)

(FISHERY PERMIT #)

Address to which data should be sent:

Street/ PO Box

City, State, Zip

OFFICE USE ONLY:

Date requested data received/ issued _____

Signature of data releaser _____