

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 10/14/2008

Department of Commerce  
National Oceanic and Atmospheric Administration  
FOR CERTIFYING OFFICIAL: Suzanne Hilding  
FOR CLEARANCE OFFICER: Diana Hynek

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 10/14/2008

ACTION REQUESTED: Revision of a currently approved collection  
TYPE OF REVIEW REQUESTED: Regular  
ICR REFERENCE NUMBER: 200810-0648-006  
AGENCY ICR TRACKING NUMBER:  
TITLE: Alaska Rockfish Pilot Program  
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change  
OMB CONTROL NUMBER: 0648-0545

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 07/31/2009

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	1,408	3,285	5,954
New	1,408	3,270	5,909
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	-15	-45
Change due to Agency Adjustment	0	0	0
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE: Prior terms of clearance continue to apply.

OMB Authorizing Official: Kevin F. Neyland  
Deputy Administrator,  
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
Alaska Rockfish Pilot Program	NA, NA, NA, NA, NA, NA	Application to Opt Out of Rockfish Fishery, Intercooperative transfer form, Application for Rockfish Limited Access Fishery, Application for Entry Level Rockfish Fishery, Application for Rockfish Cooperative Fishing Quota, Application to Participate in the Rockfish Pilot Program	

**CHANGE REQUEST**  
**ALASKA ROCKFISH PILOT PROGRAM**  
**OMB CONTROL NO. 0648-0545**

National Marine Fisheries Service (NMFS) manages the U.S. groundfish fisheries of the Bering Sea and Aleutian Islands (BSAI) in the Exclusive Economic Zone (EEZ) under the Fishery Management Plan for Groundfish of the Bering Sea and Aleutian Islands Management Area (BSAI FMP), the Fishery Management Plan (FMP) for Groundfish of the Gulf of Alaska (GOA FMP), the Fishery Management Plan for Bering Sea and Aleutian Islands King and Tanner Crabs (CRAB FMP), and the [Northern Pacific Halibut Act of 1982](#) (Halibut Act). The FMPs were prepared by the North Pacific Fishery Management Council under the [Magnuson-Stevens Fishery Conservation and Management Act](#) as amended by [Public Law 108-199](#), section 801. Regulations implementing these procedures are located at [50 CFR part 679](#).

In response to Industry requests for new data collection methods that would allow them to react quickly to changing conditions and to realize harvesting efficiencies, NMFS would change certain transfer procedures and regulations to provide an option for transfer requests to be submitted through automated, online submittals.

A rockfish cooperative may transfer all or part of its cooperative quota (CQ) to another rockfish cooperative. In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative prior to the transfer. The transfer request currently may be submitted by mail, fax, or courier. *This action adds an option for online submission for inter-cooperative transfer.* When using the online submittal method, the respondent must provide a NMFS Person ID and transfer key. These two pieces of information are provided by NMFS after an applicant is approved for participation in the Rockfish Program. Application forms are available through the Internet on the NMFS Alaska Region Web site at <http://www.alaskafisheries.noaa.gov>, or by contacting NMFS at 800-304-4846, Option 2.

Providing the Rockfish Program cooperatives with an online opportunity for transfers reduces the burden and cost for participants and increases accuracy of the data and efficiency of the process. In addition, the form is changed to include identification and certification information for the transferor's processor and the transferee's processor, as required by regulations: Blocks B and D, and Blocks F<sup>2</sup> and G<sup>2</sup>, in the revised form (*NOTE: certifications are not needed if submitting online; the NMFS Person ID and transfer key take their place*). These changes result in a \$45 decrease in total respondent miscellaneous cost: \$5,909 from \$5,954. They also result in a 15 hr decrease in total respondent burden: 3,270 from 3,285 hr; and a \$375 decrease in total personnel costs: \$81,688 from \$82,063.

The NMFS Alaska Region will submit a proposed rule, RIN 0648-AW56, Fisheries of the Exclusive Economic Zone Off Alaska; Western Alaska Community Development Quota Program, Rockfish Program, the Amendment 80 Program, and the Bering Sea and Aleutian Islands Crab Rationalization Program, coincident with this submission, requesting comments from the public.



**Application for  
 INTER-COOPERATIVE TRANSFER  
 OF COOPERATIVE QUOTA (CQ)  
 ROCKFISH FISHERY**

U.S. Dept. of Commerce/  
 NOAA National Marine Fisheries Service  
 Restricted Access Management (RAM)  
 P.O. Box 21668  
 Juneau, AK 99802-1668

***BLOCK A -- IDENTIFICATION OF TRANSFEROR COOPERATIVE***

Applicant must be a U.S. corporation, partnership, association, or other non-individual entity.

1. Name of Rockfish Cooperative		2. NMFS person ID
3. Name of designated representative		
4. Permanent business mailing address		5. Temporary business mailing address (if appropriate)
6. Business telephone number	7. Business Fax number	8. E-mail address (if available)

***BLOCK B -- IDENTIFICATION OF TRANSFEROR'S ELIGIBLE ROCKFISH PROCESSOR***

1. Name of Processor		2. NMFS person ID
3. Name of designated representative		
4. Permanent business mailing address		5. Temporary business mailing address (if appropriate)
6. Business telephone number	7. Business Fax number	8. E-mail address (if available)

**BLOCK C -- IDENTIFICATION OF TRANSFEREE COOPERATIVE**

1. Name of Transferee (Rockfish Cooperative)		2. NMFS person ID
3. Name of authorized representative		
4. Permanent business mailing address	5. Temporary business mailing address (if appropriate)	
6. Business telephone number	7. Business Fax number	8. E-mail address (if available)

**BLOCK D -- IDENTIFICATION OF TRANSFEREE'S ELIGIBLE ROCKFISH PROCESSOR**

1. Name of Processor		2. NMFS person ID
3. Name of designated representative		
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**BLOCK E<sup>1</sup> – IDENTIFICATION OF ROCKFISH COOPERATIVE QUOTA (CQ)  
TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)  
(To Be Completed By Transferor)**

Identify the type and amount of Primary Species, Secondary Species, or Rockfish Halibut PSC CQ to be transferred. Distribute the CQ identified in Block E<sup>1</sup> to cooperative members in Block E<sup>2</sup>.

**Duplicate this page** as necessary.

Type of CQ (Primary, Secondary, Halibut PSC)	Species to be Transferred	Amount (in mt)

**BLOCK E<sup>2</sup> – IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER(S)  
(To Be Completed By Transferee)**

A rockfish cooperative receiving primary rockfish species CQ by transfer must assign that primary rockfish species CQ to a member of the rockfish cooperative for purposes of applying the use caps established under § 679.82(a). **Duplicate this page** as necessary.

1. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:

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4. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:

**BLOCK F<sup>1</sup> -- CERTIFICATION OF TRANSFEROR**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Transferor's Designated Representative	2. Date
--	---------

3. Printed Name of Transferor's Designated Representative; attach authorization

**BLOCK F<sup>2</sup> -- CERTIFICATION OF TRANSFEROR'S PROCESSOR**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Eligible Rockfish Processor (associated with Cooperative)	2. Date
---	---------

3. Printed Name of Eligible Rockfish Processor

**BLOCK G<sup>1</sup> -- CERTIFICATION OF TRANSFEREE**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Applicant (or Authorized Representative)	2. Date
--	---------

3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization

**BLOCK G<sup>2</sup> -- CERTIFICATION OF TRANSFEREE'S PROCESSOR**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Eligible Rockfish Processor (associated with Cooperative)	2. Date
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3. Printed Name of Eligible Rockfish Processor

Instructions  
**APPLICATION FOR INTER-COOPERATIVE TRANSFER  
ROCKFISH FISHERY**

**GENERAL INFORMATION**

In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of cooperative quota (CQ) is not effective until approved by NMFS.

A Rockfish Cooperative may transfer all or part of its CQ to another Rockfish Cooperative. This transfer requires the submission of an Application for Inter-Cooperative Transfer to NMFS. Once NMFS issues an annual catch amount to a cooperative, it may be fished by members of the cooperative or transferred to another cooperative. However, a cooperative in the catcher vessel sector may not transfer an annual catch amount to a cooperative in the catcher/processor sector.

This transfer of an annual catch amount is only valid during the calendar year of the transfer. A cooperative may only transfer or receive by transfer an annual catch amount, if the cooperative:

- ◆ Notifies NMFS. A transfer is not effective until NMFS has been notified and NMFS has sent confirmation to the transferor and the transferee.
- ◆ Identifies the amount and type or annual catch amount transferred and the cooperative and cooperative member to which that annual catch amount is transferred. An annual catch amount received by a cooperative has to be attributed to a member of that cooperative to apply the use caps.
- ◆ Ensures that any transfer does not cause the receiving cooperative to exceed its use cap limitations.

**ADDITIONALLY**

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.
- ◆ Do not wait until right before an opening to apply for your permit, as you may not receive it on time. Please **allow up to ten working days** for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval or disapproval of the transfer.
- ◆ Submit the completed application:

By mail to: **Alaska Region, NOAA Fisheries (NMFS)  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668**

By fax to: **RAM at 907-586-7354**

Applications may be faxed to RAM at 907-586-7354; however, permits will not be returned by fax. The original, signed permit must be on board the vessel.

By Internet to: <https://alaskafisheries.noaa.gov>

Or, hand deliver to:

**NOAA Fisheries  
Alaska Region (NMFS/RAM)  
Federal Building  
709 W. 9th Street, Suite 713  
Juneau, Alaska 99801**

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or a corporate account number for express delivery. Additional information is available from RAM, as follows:

**Website:** <http://www.alaskafisheries.noaa.gov/ram/default.htm>

**Telephone (toll free): 800-304-4846 (press “2”)**

**Telephone (in Juneau): 907-586-7202 (press “2”)**

**e-Mail:** [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

### **COMPLETING THE FORM**

A complete transfer of catch history or halibut PSC allocation issued to a Rockfish Cooperative requires that the following information be provided to NMFS.

#### **BLOCK A -- IDENTIFICATION OF TRANSFEROR (BUYER).**

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address (and temporary mailing address, if appropriate)
- 5-7. Business telephone number, business fax number, and e-mail address (if available)

#### **BLOCK B -- IDENTIFICATION OF TRANSFEROR’S ELIGIBLE ROCKFISH PROCESSOR.**

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address (and temporary mailing address, if appropriate)
- 5-7. Business telephone number, business fax number, and e-mail address (if available)

#### **BLOCK C -- IDENTIFICATION OF TRANSFEREE (SELLER)**

1. Name and NMFS Person ID
2. Name of designated representative
- 3-4. Permanent business mailing address (and temporary mailing address, if appropriate)
- 5-7. Business telephone number, business fax number, and e-mail address (if available)

#### **BLOCK D -- IDENTIFICATION OF TRANSFEREE’S ELIGIBLE ROCKFISH PROCESSOR.**

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address (and temporary mailing address, if appropriate)
- 5-7. Business telephone number, business fax number, and e-mail address (if available)

**BLOCK E<sup>1</sup> – IDENTIFICATION OF ROCKFISH COOPERATIVE QUOTA (CQ) TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)**

(To Be Completed By Transferor)

Identify the type of CQ (Primary, Secondary, Halibut PSC), species to be transferred, and amount of transfer (in metric tons) Distribute the CQ identified in Block E<sup>1</sup> to cooperative members in Block E<sup>2</sup>. Duplicate this page as necessary.

**BLOCK E<sup>2</sup> – IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER(S)**

(To Be Completed By Transferee)

A rockfish cooperative receiving primary rockfish species CQ by transfer must assign that primary rockfish species CQ to a member of the rockfish cooperative for purposes of applying the use caps established under § 679.82(a). Duplicate this page as necessary.

Enter the name of Qualifying Member (print), NMFS Person ID, species transferred, and amount of CQ transferred.

**BLOCK F<sup>1</sup> -- CERTIFICATION OF TRANSFEROR**

Enter printed name and signature of transferor, and date signed. If designated representative, attach authorization.

**BLOCK F<sup>2</sup> -- CERTIFICATION OF TRANSFEROR'S PROCESSOR**

Enter printed name and signature of eligible rockfish processor, and date signed. If designated representative, attach authorization.

**BLOCK G<sup>1</sup> -- CERTIFICATION OF TRANSFEE**

Enter printed name and signature of transferee, and date signed. If designated representative, attach authorization.

**BLOCK G<sup>2</sup> -- CERTIFICATION OF TRANSFEE'S PROCESSOR**

Enter printed name and signature of eligible rockfish processor, and date signed. If designated representative, attach authorization.

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***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 2 hours per response (1 hour if submitting online), including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

***ADDITIONAL INFORMATION***

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.



**Application for  
 INTER-COOPERATIVE TRANSFER  
 OF COOPERATIVE QUOTA (CQ)  
 ROCKFISH FISHERY**

U.S. Dept. of Commerce/  
 NOAA National Marine Fisheries Service  
 Restricted Access Management (RAM)  
 P.O. Box 21668  
 Juneau, AK 99802-1668

***BLOCK A -- IDENTIFICATION OF TRANSFEROR COOPERATIVE***

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1. Name of Rockfish Cooperative		2. NMFS person ID
3. Name of designated representative		
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6. Business telephone number	7. Business Fax number	8. E-mail address (if available)

***BLOCK B -- IDENTIFICATION OF TRANSFEROR'S ELIGIBLE ROCKFISH PROCESSOR***

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3. Name of designated representative		
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6. Business telephone number	7. Business Fax number	8. E-mail address (if available)

**BLOCK C -- IDENTIFICATION OF TRANSFEREE COOPERATIVE**

1. Name of Transferee (Rockfish Cooperative)		2. NMFS person ID
3. Name of authorized representative		
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**Duplicate this page** as necessary.

Type of CQ (Primary, Secondary, Halibut PSC)	Species to be Transferred	Amount (in mt)

**BLOCK E<sup>2</sup> – IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER(S)  
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A rockfish cooperative receiving primary rockfish species CQ by transfer must assign that primary rockfish species CQ to a member of the rockfish cooperative for purposes of applying the use caps established under § 679.82(a). **Duplicate this page** as necessary.

1. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Transferor's Designated Representative	2. Date
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3. Printed Name of Transferor's Designated Representative; attach authorization

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1. Signature of Eligible Rockfish Processor (associated with Cooperative)	2. Date
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3. Printed Name of Eligible Rockfish Processor

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1. Signature of Applicant (or Authorized Representative)	2. Date
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3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization

**BLOCK G<sup>2</sup> -- CERTIFICATION OF TRANSFEREE'S PROCESSOR**

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3. Printed Name of Eligible Rockfish Processor

Instructions  
**APPLICATION FOR INTER-COOPERATIVE TRANSFER  
ROCKFISH FISHERY**

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- ◆ Notifies NMFS. A transfer is not effective until NMFS has been notified and NMFS has sent confirmation to the transferor and the transferee.
- ◆ Identifies the amount and type or annual catch amount transferred and the cooperative and cooperative member to which that annual catch amount is transferred. An annual catch amount received by a cooperative has to be attributed to a member of that cooperative to apply the use caps.
- ◆ Ensures that any transfer does not cause the receiving cooperative to exceed its use cap limitations.

**ADDITIONALLY**

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.
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By mail to: **Alaska Region, NOAA Fisheries (NMFS)  
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By fax to: **RAM at 907-586-7354**

Applications may be faxed to RAM at 907-586-7354; however, permits will not be returned by fax. The original, signed permit must be on board the vessel.

By Internet to: <https://alaskafisheries.noaa.gov>

Or, hand deliver to:

**NOAA Fisheries  
Alaska Region (NMFS/RAM)  
Federal Building  
709 W. 9th Street, Suite 713  
Juneau, Alaska 99801**

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or a corporate account number for express delivery. Additional information is available from RAM, as follows:

**Website:** <http://www.alaskafisheries.noaa.gov/ram/default.htm>

**Telephone (toll free): 800-304-4846 (press “2”)**

**Telephone (in Juneau): 907-586-7202 (press “2”)**

**e-Mail:** [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

### **COMPLETING THE FORM**

A complete transfer of catch history or halibut PSC allocation issued to a Rockfish Cooperative requires that the following information be provided to NMFS.

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1. Name and NMFS Person ID
2. Name of authorized representative
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#### **BLOCK B -- IDENTIFICATION OF TRANSFEROR’S ELIGIBLE ROCKFISH PROCESSOR.**

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- 5-7. Business telephone number, business fax number, and e-mail address (if available)

#### **BLOCK C -- IDENTIFICATION OF TRANSFEREE (SELLER)**

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#### **BLOCK D -- IDENTIFICATION OF TRANSFEREE’S ELIGIBLE ROCKFISH PROCESSOR.**

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(To Be Completed By Transferor)

Identify the type of CQ (Primary, Secondary, Halibut PSC), species to be transferred, and amount of transfer (in metric tons) Distribute the CQ identified in Block E<sup>1</sup> to cooperative members in Block E<sup>2</sup>. Duplicate this page as necessary.

**BLOCK E<sup>2</sup> – IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER(S)**

(To Be Completed By Transferee)

A rockfish cooperative receiving primary rockfish species CQ by transfer must assign that primary rockfish species CQ to a member of the rockfish cooperative for purposes of applying the use caps established under § 679.82(a). Duplicate this page as necessary.

Enter the name of Qualifying Member (print), NMFS Person ID, species transferred, and amount of CQ transferred.

**BLOCK F<sup>1</sup> -- CERTIFICATION OF TRANSFEROR**

Enter printed name and signature of transferor, and date signed. If designated representative, attach authorization.

**BLOCK F<sup>2</sup> -- CERTIFICATION OF TRANSFEROR'S PROCESSOR**

Enter printed name and signature of eligible rockfish processor, and date signed. If designated representative, attach authorization.

**BLOCK G<sup>1</sup> -- CERTIFICATION OF TRANSFEE**

Enter printed name and signature of transferee, and date signed. If designated representative, attach authorization.

**BLOCK G<sup>2</sup> -- CERTIFICATION OF TRANSFEE'S PROCESSOR**

Enter printed name and signature of eligible rockfish processor, and date signed. If designated representative, attach authorization.

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***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 2 hours per response (1 hour if submitting online), including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

***ADDITIONAL INFORMATION***

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.