

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency	OMB Control Number _____ - _____	
<i>Enter only items that change</i>		
	Current record	New record
Agency form number (s)		
Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference		
Program change		
Adjustment		
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change		
Adjustment		
Other changes**		
Signature of Senior Official or designee:	Date:	For OIRA Use _____ _____

** This form cannot be used to extend an expiration date.

Background for proposed changes to CDQ information collection requirements.

We are developing a proposed rule that, among other things, would allow CDQ groups to submit CDQ transfer requests following the end of a fishing year. This would allow them to request transfers to cover overages that occurred in the prior year, if necessary. This also means we need to require CDQ groups to specify which year a transfer is applicable to, in order to identify which year's CDQ they would like to have transferred. The following provides some background for what we are proposing, including the addition of one additional information collection item. This additional item is not expected to increase or decrease the time or expense necessary to complete and submit CDQ transfer requests, which are currently approved under OMB control number 0648-0269.

1. Excerpt from the proposed rule, RIN 0648-AS13, Fisheries of the Exclusive Economic Zone (EEZ) Off Alaska; Revisions to Western Alaska Community Development Quota (CDQ) Program:

Recordkeeping and reporting regulations at § 679.5(n)(3) are proposed to be revised to require that CDQ groups identify which year a CDQ transfer request would be applicable to when they submit a transfer request to NMFS. This would be necessary because CDQ groups could submit transfer requests to NMFS following the end of a calendar year in which they wish transfers to be effective. For example, a CDQ group could complete its Pacific cod fishing operations on December 30 of Year 1, but exceed its Year 1 Pacific cod allocation by 3 metric tons. The CDQ group could then negotiate to receive cod from another CDQ group that had remaining Year 1 cod. If the CDQ groups submitted a transfer request to NMFS after January 1 of Year 2, NMFS would need to know which year's Pacific cod CDQ allocations to adjust: Year 1 or Year 2. Requiring CDQ groups to specify which year a transfer was applicable to would provide the information necessary to correctly implement such transfers.

2. Excerpt from the 2004 supporting statement, as revised:

f. CDQ or PSQ transfer request

A transfer between groups originally required the submittal of a technical amendment or a substantial amendment by the CDQ group to the State and NMFS. With this action, CDQ groups may transfer groundfish CDQ, halibut CDQ, or PSQ from one group to another by each group submitting a transfer request directly to NMFS. The transfer of PSQ may occur during any month of the year and without an associated transfer of CDQ. NMFS will review each request to ensure that the group providing CDQ has adequate quota available to transfer. The transfer process will become an in-season management function of NMFS, rather than a joint State-NMFS CDP-modification approval process. NMFS will provide the State with a copy of each approved transfer so that the State will continue to have information about the CDQ groups' fisheries management activities. The CDQ or PSQ will be transferred as of the date NMFS approves the transfer request. ~~Transfers will continue to be effective only for the remainder of the calendar year in which a transfer occurs. NMFS will not approve transfers to cover overages of CDQ or PSQ.~~

A CDQ group may transfer all or part of its annual CDQ or PSQ to another group for several reasons, including but not limited to:

- Changes in, or the non-availability of, a group's harvesting partner;
- Length of a particular non-CDQ fishery season;
- Availability of a given target species; and
- Weather or seasonal conditions impacting smaller vessels.

CDQ or PSQ transfer request

Transferring CDQ group information.

Name and CDQ group number of the group transferring CDQ or PSQ.
CDQ representative's telephone number, fax number, name and signature.

Receiving CDQ group information.

Name and CDQ group number of the CDQ group receiving CDQ or PSQ by transfer.
CDQ representative's telephone number, fax number, name and signature.

CDQ amount transferred.

Species or Species Category. For each species for which a transfer is being requested, enter the species name or species category.

Area. Enter the particular management area associated with a species category, such as EAI (Eastern Aleutian Islands), if applicable.

Amount. Specify the amount being transferred. For groundfish and halibut, specify transfer amounts in metric tons. For crab and salmon, specify transfer amounts in numbers of animals.

PSQ amount transferred.

Species or Species Category. For each PSQ species for which a transfer is being requested, enter the species name or species category.

Crab Zone. For crab only, designate the appropriate zone for each PSQ being transferred (e.g., one 2), if applicable.

Amount. Specify the amount being transferred. For crab and salmon, specify transfer amounts in number of animals. For halibut, specify the amount in metric tons.

NEW INFORMATION COLLECTION ITEM

Transfer year.

Specify the calendar year for which this transfer is applicable.

CDQ or PSQ transfer request, Respondent	
Number of respondents	6
Frequency of response	8
Total annual responses	48
Time per response	0.5 hr
Total burden hours (48 x 0.5 hr)	24 hr
Personnel cost	\$25/hr
Total personnel cost (\$25 x 24 hr)	\$600
Total miscellaneous costs	\$108
FAX to NMFS (\$2.25/page x 48)	

CDQ or PSQ transfer request, Federal Government	48
Total annual responses	0.33 hr
Time per response (20 minutes/60)	16 hr
Total burden hours (75 x 0.33 = 15.84)	\$400
Total personnel cost	
\$25 x 16	

<p>CDQ or PSQ Transfer Request – REVISED FOR CDQ RESERVE MGMT PROPOSED RULE Community Development Quota (CDQ) Program</p>	<p>National Marine Fisheries Service NEED TO INSERT LOGO Sustainable Fisheries Division P.O. Box 21668 Juneau, AK 99802-1668 FAX 907-586-7131 Ph. 907-586-7228</p>
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This form should be completed and signed by a representative from each group proposing to transfer annual amounts of CDQ or Prohibited Species Quota (PSQ).

Block 1. Transferring CDQ Group Information	
Group Name or Initials	Group Number
Telephone No.	Fax No.
Representative's Name	Signature

Block 2. Receiving CDQ Group Information	
Group Name or Initials	Group Number
Telephone No.	Fax No.
Representative's Name	Signature

Block 3. CDQ Amount Transferred					
Species or Species Category	Area	Amount (mt or lb)	Species or Species Category	Area	Amount (mt or lb)

Block 4. PSQ Amount Transferred					
Species or Species Category	Crab Zone	Amount (mt or Numbers)	Species or Species Category	Crab Zone	Amount (mt or Numbers)

Block 5. Transfer Year	
Specify the year to which this transfer applies:	

Block 6. Notice of Receipt and Review - National Marine Fisheries Service Use Only	
Signature of NMFS Representative	Date
Telephone No.	Fax No.
Effective Date of Transfer	Date forwarded to State and Groups

Instructions for CDQ or PSQ Transfer Request Western Alaska CDQ Program
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A CDQ group may request to transfer all or part of its annual CDQ or PSQ for a species or species category to another group. Once approved, a CDQ or PSQ transfer is effective for the year for which the transfer is requested.

Submit a transfer request to FAX number **907-586-7131**. Further information regarding transfers of CDQ and PSQ may be found at 50 CFR 679, Subpart C, or call 907-586-7228.

General

Enter the following information for each transfer.

Block 1. Transferring CDQ Group Information

Name, or initials, and CDQ group number of the group transferring CDQ or PSQ.
CDQ representative's telephone number, fax number, printed name and signature.

Block 2. Receiving CDQ Group Information

Name, or initials, and CDQ group number of the CDQ group receiving CDQ or PSQ by transfer.
CDQ representative's telephone number, fax number, printed name and signature.

Block 3. CDQ Amount Transferred

Species or Species Category. For each species for which a transfer is being requested, enter the species name or species category.

Area. Enter the particular management area associated with a species category, such as EAI (Eastern Aleutian Islands), if applicable.

Amount. Specify the amount being transferred. For groundfish, specify transfer amounts to the nearest 0.001 metric tons. For halibut CDQ, specify the amount in pounds (net weight).

Block 4. PSQ Amount Transferred

Species or Species Category. For each PSQ species for which a transfer is being requested, enter the species name or species category.

Crab Zone. For crab only, designate the appropriate zone for each PSQ being transferred (e.g. Zone 2), if applicable.

Amount. Specify the amount being transferred. For crab and salmon, specify transfer amounts in numbers of animals. For halibut, specify the amount to the nearest 0.001 metric tons.

Block 5. Transfer Year Specify which year's CDQ or PSQ is requested to be transferred.

Block 6. Notice of Receipt and Approval - NMFS USE ONLY

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to NOAA, National Marine Fisheries Service, Alaska Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of the 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 the commercial fishing effort of the CDQ program in the BSAI 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 (16 U.S.C. 1801, *et seq.*). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

