

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request	2. OMB control number b. <input type="checkbox"/> None a. _____ - _____
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested (<i>check one</i>) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated
	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
7. Title	
8. Agency form number(s) (<i>if applicable</i>)	
9. Keywords	
10. Abstract	
11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>) a. ___ Individuals or households d. ___ Farms b. ___ Business or other for-profit e. ___ Federal Government c. ___ Not-for-profit institutions f. ___ State, Local or Tribal Government	12. Obligation to respond (<i>check one</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. ___ Application for benefits e. ___ Program planning or management b. ___ Program evaluation f. ___ Research c. ___ General purpose statistics g. ___ Regulatory or compliance d. ___ Audit	16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission) Name: _____ Phone: _____

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)

Signature

Date

Signature of NOAA Clearance Officer

Signature

Date

**SUPPORTING STATEMENT
ALASKA INDIVIDUAL FISHING QUOTAS FOR PACIFIC HALIBUT,
SABLEFISH AND CRAB
OMB CONTROL NO.: 0648-0272**

INTRODUCTION

The U.S. groundfish fisheries of the Gulf of Alaska (GOA) and the Bering Sea and Aleutian Islands management area (BSAI) in the exclusive economic zone (EEZ) off the coast of Alaska are managed by National Marine Fisheries Service (NMFS) under the authority of the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act), 16 U.S.C. 1801 *et seq.* The Fishery Management Plan for the Groundfish Fishery of the Bering Sea and Aleutian Islands and the Fishery Management Plan for Groundfish of the Gulf of Alaska were prepared by the North Pacific Fishery Management Council (Council) and are implemented by regulations at 50 CFR part 679. The domestic fishery for Pacific halibut off Alaska is managed by the International Pacific Halibut Commission as provided by the Northern Pacific Halibut Act of 1982, 16 U.S.C. 773, *et seq.*

The Crab Rationalization (CR) Program is managed by NMFS under section 313(j) of the Magnuson-Stevens Act. The Fishery Management Plan for Bering Sea/Aleutian Islands King and Tanner Crabs was prepared by the Council and is implemented by regulations at 50 CFR parts 679 and 680.

The IFQ Program provides management measures for the commercial fisheries for king and tanner crabs and commercial fisheries that use fixed gear to harvest sablefish and Pacific halibut. The IFQ Program limits access to the halibut, sablefish, and crab fisheries to those persons holding quota share in specific management areas.

The IFQ Program is designed to provide economic stability to the commercial fisheries. Quota shares (QS) equate to individual harvesting privileges given effect on an annual basis through the issuance of IFQ permits. An annual IFQ permit authorizes the permit holder to harvest a specified amount of an IFQ species in a regulatory area. The specific amount (in pounds) is determined by the number of QS units held for that species, the total number of QS units issued for that species in a specific regulatory area, and the total amount of the species allocated for IFQ fisheries in a particular year.

Since the initial implementation of the halibut and sablefish IFQ programs in 1995, individuals have submitted numerous petitions to NMFS and the Council requesting the temporary transfer of IFQs for medical reasons. These individuals sought medical transfers due to the inability of IFQ holders to physically be onboard the vessel as IFQs were fished. NMFS was previously unable to implement a medical transfer program recommended by the Council due to legal constraints. The approach provided in this action would resolve the legal issues resulting from previous approaches.

This action adds the option to obtain an emergency medical transfer to the IFQ Program. In addition, the name of the collection is changed from “[Individual Fishing Quotas for Pacific Halibut and Sablefish in the Alaska Fisheries](#)” to “Alaska Individual Fishing Quotas for Pacific

Halibut, Sablefish and Crab.”

Current regulations require catcher vessel QS holders to be aboard the vessel during harvest and offloading of IFQ species with two exceptions. One exception occurs under limited circumstances when initial recipients of QS qualify to use hired masters. The second exception is when a QS holder experiences an emergency while at sea. QS Holders who experience a short-term medical condition that prevents them from fishing their IFQs have no ability to temporarily transfer those IFQs. Despite a prohibitive medical condition, QS holders generally must be aboard the vessel when fishing their QS. In the event of an injury or illness, fishermen who may not hire a master must either divest their QS or forego the economic benefits of their QS until they recover.

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary.

The requirement for an individual IFQ card holder to be aboard the vessel during fishing operations and to sign the IFQ landing report may be waived under this provision for IFQ halibut or IFQ sablefish retained on the fishing trip during which the emergency occurred. The EMT applicant must demonstrate that he or she is unable to participate in the IFQ fishery for which he or she holds IFQ because of a severe medical condition that precludes participation; or because of a severe medical condition involving an immediate family member that requires the IFQ holder’s full time attendance. In order to qualify for an EMT, an applicant must possess one or more catcher vessel IFQ permits and must not qualify for a hired master exception.

2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.

a. Application for Emergency Medical Transfer (EMT)

To be eligible to receive an EMT, an individual halibut or sablefish QS holder must possess one or more catcher vessel IFQ permits and must not qualify for a hired master exception under § 679.41(i)(1). An individual may apply for an EMT by submitting a medical transfer application to NMFS, Alaska Region. If NMFS denies an application for an EMT, the applicant may appeal the denial according to existing appeal procedures found at § 679.43. A QS or IFQ holder who has received an approved EMT from NMFS may transfer his or her annual IFQ permit to an individual eligible to receive QS or IFQ.

An EMT shall be valid only during the calendar year for which the permit is issued. NMFS will not approve subsequent applications for EMTs based on the same medical condition unless the medical professional attests to a reasonable likelihood of recovery. NMFS will not approve an EMT if the applicant has received an EMT in any 2 of the previous 5 years for the same medical condition.

To obtain a medical transfer, an applicant would document his or her medical emergency by submitting an EMT application and attaching a medical professional’s affidavit. This affidavit

would describe the medical condition affecting the applicant and attest to the applicant's inability to participate in the IFQ fisheries. In the case of a medical condition involving a family member, the medical professional's affidavit would describe the necessity for the IFQ permit holder to tend to an immediate family member who suffers from the medical condition.

A medical transfer application may be obtained at www.fakr.noaa.gov or by calling 1-800-304-4846. Completed applications must be mailed to:

NMFS, Alaska Region
Restricted Access Management Program
P.O. Box 21668
Juneau, AK 99802-1668

This action could directly affect 3,350 halibut QS holders and 875 sablefish QS holders (total 4,225). Approximately 12 QS holders contact NMFS or the Council each year for information about medical transfers in the IFQ program. However, it is not possible to estimate how many QS holders did not contact NMFS or the Council, but would have requested a medical transfer if it were available. For the purpose of this analysis, 5 percent of the total QS holders (211) will be used.

The information requested in Block A is needed to determine eligibility of the 2 parties for the transfer to take place. Block B is merely a checklist and is included as a guide to ensure all items are included with the application. Block C information is needed to identify the person applying for the EMT and his or her eligibility. Block D information is needed to identify the person receiving the EMT transfer and his or her eligibility. Block E information is needed to identify the IFQ to be transferred. Blocks F and G information are needed to provide background information on the transfer. Block H information is needed to authenticate the medical emergency.

Blocks I and J information are need for certification of the individuals involved in the transfer. The IFQ Program was implemented to both maintain rigorous safeguards on use of fishing privileges for a public resource and to provide safeguards for program constituents. Use of notarized signatures is the best way for NMFS to ensure that only authorized persons are granted privileges so that NMFS may act in certainty with requests for program services or commercial transactions (for transfers). By employing this widely accepted means of unequivocally establishing the identity of submitters, this requirement removes ambiguity about whether constituents have specific knowledge of the terms and conditions of requested benefits

Application for Emergency Medical Transfer (EMT)

Block A

Indicate (YES or NO) whether Transferee (No Medical Condition) holds a Transfer Eligibility Certificate (TEC)

Indicate (YES or NO) whether Transferor (Medical Condition) qualifies for a hired master exception under 50 CFR 679.42(i)(1)

Block B – Attachments

Completed, signed, and notarized application

Copy of permit or QS Certificate

Declaration from certified medical professional

Block C – Transferor information (medical condition)

Full name, NMFS person ID, date of birth, and Social Security Number* (required) or Tax ID

**The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

Permanent business mailing, telephone number, FAX number, and e-mail address (if any)

Temporary mailing address may be provided, if appropriate

Block D -- Transferee (no medical condition)

Full name, NMFS person ID, date of birth, and Social Security Number or Tax ID

**The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

Permanent business mailing address, telephone number, FAX number, and email address (if any)

Temporary mailing address may be provided, if appropriate

Block E – Identification of IFQ to be transferred

Whether the transfer is for halibut or sablefish IFQ

IFQ regulatory area

Number of units

Range of serial numbers for IFQ to be transferred

Actual number of IFQ pounds

Transferor (seller) IFQ permit number

Fishing year

Block F – Transferor supplemental information

Price per pound (including leases)

Total amount paid for the IFQ in the requested transaction including all fees

Primary source of financing for the transfer

Block G – Transferee supplemental information

Indicate how the IFQ was located (check one)

Indicate transferee's (buyer's) relationship to the transferor (seller) (check all that apply)

Block H – Medical declaration

(to be completed by a licensed medical doctor, advanced nurse practitioner, or primary community health aide)

Medical professional's full name

Business telephone, permanent business mailing address (number and street, city and state, zip code)

Type of medical professional

Description of the medical condition of applicant or affected family member

Documentation of the medical condition and a description of the care required

Signature and date signed of the medical professional

Block I – Certification of transferor (seller)

Signature, printed name, and date signed of transferor

Signature, seal or attest, and commission expiration date of a notary public

If authorized agent, attach authorization.

Block J – Certification of transferee (buyer)

Signature, printed name, and date signed of transferee

Signature, seal or attest, and commission expiration date of a notary public.

If authorized agent, attach authorization

Emergency Medical Transfer Application, Respondent	
Estimated number of respondents	211
Total annual responses	211
Number of responses per year = 1	
Total Time burden	422
Time requirement per response = 2 hr	
Total personnel cost	\$10,550
Cost per hour = \$25	
Total miscellaneous cost	\$1,154
Postage (0.37 x 211 = 78.07)	
Photocopy (0.05 x 2 x 211 = 21.10)	
Notary (\$5 x 211 = 1055)	

Emergency Medical Transfer Application, Federal Government	
Total annual responses	211
Total Time burden	105
Time requirement per response (30 min/60 min = 0.5)	
Total personnel cost	\$2,625
Cost per hour = \$25	
Total miscellaneous cost	0

b. Letter of Appeal

The Regional Administrator will evaluate each EMT application. An applicant who fails to submit the information specified in the EMT application will be provided a reasonable opportunity to submit the specified information or submit a revised application. The Regional Administrator will prepare and send an Initial Administrative Determination (IAD) to the applicant if it is determined that the applicant failed to submit the specified information or a revised application. The IAD will indicate any deficiencies with the information provided or with the revised application.

An applicant who receives an IAD may appeal under the appeals procedures set out at § 679.43. For purposes of this analysis, 5 percent of those participants filing an EMT are estimated to file a letter of appeal.

Letter of Appeal, Respondent	
Estimated number of respondents	10
Total annual responses	10
Number of responses per year = 1	
Total Time burden	40 hr
Time requirement per response = 4 hr	
Total personnel cost	\$1,000
Cost per hour = \$25	
Total miscellaneous cost	\$9
Postage (0.37 x 2 = 0.74)	
Photocopy (0.10 x 2 = 0.20)	

Letter of Appeal, Federal Government	
Total annual responses	10
Total Time burden	
Time requirement for each appeal = 4 hr	40
Total personnel cost	\$1,000
Cost per hour = \$100	
Total miscellaneous cost	0

It is anticipated that the information collected will be disseminated to the public or used to support publicly disseminated information. As explained in the preceding paragraphs, the information gathered has utility. NOAA Fisheries will retain control over the information and safeguard it from improper access, modification, and destruction, consistent with NOAA standards for confidentiality, privacy, and electronic information. See response #10 of this Supporting Statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines. Prior to dissemination, the information will be subjected to quality control measures and a pre-dissemination review pursuant to Section 515 of Public Law 106-554.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.

A “fillable” application is available at the NMFS Alaska Region Home Page at www.fakr.noaa.gov, for the participant to download, print, and mail or deliver to NMFS.

4. Describe efforts to identify duplication.

None of the information collected as part of this information collection duplicates other collections. This information collection is part of a specialized and technical program that is not like any other.

5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.

This collection of information does not impose a significant impact on small entities.

6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.

Without the specified reporting scheme described in this support statement, the program would be severely jeopardized. Because this action is intended to benefit the fishing industry under conditions of medical emergency, the real consequence of not conducting this program would be negative for the fishing industry.

7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.

No inconsistencies occur in this collection

8. Provide a copy of the PRA Federal Register notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

The NMFS Alaska Region will submit a proposed rule, RIN 0648-AS84, coincident with this submission, requesting comments from the public.

9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.

No payment or gift will be provided under this program.

10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.

The information collected is confidential under the Magnuson-Stevens Act , 16 U.S.C. Sec. 1801, et seq. In addition, personal information collected is confidential under the Privacy Act, 5 U.S.C. Sec. 552(a), et seq. The Alaska Region Permits System of Records notice, published in the Federal Register on 3-3-05, will be updated to include the collection of medical information for this purpose.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

As authorized by the Debt Collection Improvement Act, 31 U.S.C. 7701, this information collection requires information of a private nature when the submitter is an individual. The Social Security Number (SSN) and date of birth are requested. This information is used to verify the identity of the applicant and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679. Both SSN and date of birth are used to distinguish among persons with the same name: to ensure that benefits are awarded and that landings and other program-related functions are credited and applied appropriately and in a manner that maintains confidentiality.

12. Provide an estimate in hours of the burden of the collection of information.

Total estimated unique respondents remain at 2,877. Total estimated responses: 38,494, up from 38,273. Total estimated burden hours: 16,212, up from 15,750. Total estimated personnel costs: \$642,200, up from \$640,650. Personnel labor costs are estimated to the average wage equivalent to a GS-9 employee in Alaska, including COLA, at \$25 per hour.

13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in #12

above).

Total estimated miscellaneous costs: \$44,491, up from \$43,337.

14. Provide estimates of annualized cost to the Federal government.

Total estimated burden hours: 7,982, up from 7,761. Total estimated personnel costs: \$185,025, up from \$181,450.

15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB 83-I.

The emergency medical transfer and associated appeal are results of a program change which increases responses, hours and miscellaneous costs.

Also, although current miscellaneous costs are listed at OMB as \$44,000, they should be rounded down, not rounded up, on the last action (merger of 0648-0517 into 0658-0272); the figure on the 83-C submitted was incorrect. Therefore, the current exact miscellaneous costs of \$43,337 do not match the current costs on the 83-I, #14 and as documented by OMB.

16. For collections whose results will be published, outline the plans for tabulation and publication.

The information collected will not be published.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.

In accordance with OMB requirements, the control number and the expiration date of OMB approval are shown on the EMT application. If an appeal is filed, no form exists.

18. Explain each exception to the certification statement identified in Item 19 of the OMB 83-I.

No exceptions to the certification statement are requested.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.

	APPLICATION FOR EMERGENCY MEDICAL TRANSFER (EMT) OF IFQ	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
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NOTE: A separate application must be submitted for each IFQ Emergency Medical Transfer. Emergency Medical Transfers will remain in effect only for the calendar year of the transfer.

BLOCK A

Does the Transferee (No Medical Condition) hold a Transfer Eligibility Certificate (TEC)? Yes [] No []

Does the Transferor (Medical Condition) qualify for a hired master exception under 50 CFR 679.42(i)(1)? Yes [] No []

BLOCK B -- ATTACHMENTS

USE THIS LIST TO ENSURE YOUR APPLICATION IS COMPLETE.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

NOTE: FAXED APPLICATIONS ARE NOT ACCEPTABLE. PLEASE SUBMIT ORIGINALS.

Completed, signed, and notarized application []

Copy of permit or QS Certificate..... []

Declaration from certified medical professional..... []

BLOCK C – TRANSFEROR INFORMATION (MEDICAL CONDITION)

1. Name:	2. NMFS Person ID:	
3. Date of Birth:	4. SSN (required)* or Tax ID:	
5. Permanent Business Mailing Address:	6. Temporary Business Mailing Address (see instructions):	
7. Business Telephone No.:	8. Business Fax No.:	9. e-mail Address (if any):

**The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

BLOCK D – TRANSFEREE (NO MEDICAL CONDITION)

1. Name:		2. NMFS Person ID:	
3. Date of Birth:		4. SSN* (required) or Tax ID:	
5. Permanent Business Mailing Address:		6. Temporary Business Mailing Address (see instructions):	
7. Business Telephone No.:	8. Business Fax No.:	9. E-mail Address (if any)	

**The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

BLOCK E – IDENTIFICATION OF IFQ TO BE TRANSFERRED

1. Halibut [] or Sablefish []	2. IFQ Regulatory Area:	3. Number of Units:
4. Numbered To and From (Serial Numbers are shown on the QS Certificate):		
5. Actual Number of IFQ Pounds:	6. Transferor (Seller) IFQ Permit Number:	
7. Fishing Year: 20 _____		

**REQUIRED SUPPLEMENTAL INFORMATION
YOUR APPLICATION WILL NOT BE PROCESSED UNLESS YOU PROVIDE THE FOLLOWING INFORMATION**

BLOCK F – TRANSFEROR SUPPLEMENTAL INFORMATION

1. Give the price per pound (including leases) \$ _____/#IFQ (Price divided by IFQ pounds) Including fees
2. What is the total amount being paid for the IFQ in this transaction, including all fees? _____

BLOCK G – TRANSFEREE SUPPLEMENTAL INFORMATION

1. What is the primary source of financing for this transfer (check one)?

- | | | | | | |
|---------------------------|--------------------------|---------------------------|--------------------------|--------------------|--------------------------|
| Personal resources (cash) | <input type="checkbox"/> | AK Com. Fish & Ag. Bank | <input type="checkbox"/> | Received as a gift | <input type="checkbox"/> |
| Private bank/credit union | <input type="checkbox"/> | Transferor/seller | <input type="checkbox"/> | NMFS loan program | <input type="checkbox"/> |
| Alaska Dept. Of Commerce | <input type="checkbox"/> | Processor/fishing company | <input type="checkbox"/> | Other (explain) | <input type="checkbox"/> |

2. How was the IFQ located (check all that applies)?

- | | | | | | |
|-----------------|--------------------------|-----------------------------|--------------------------|-----------------|--------------------------|
| Relative | <input type="checkbox"/> | Advertisement/public notice | <input type="checkbox"/> | Broker | <input type="checkbox"/> |
| Personal friend | <input type="checkbox"/> | Casual acquaintance | <input type="checkbox"/> | Other (explain) | <input type="checkbox"/> |

3. What is the Buyer's relationship to the IFQ Holder (check all that applies)?

- | | | | | | | | |
|-----------------|--------------------------|----------|--------------------------|------------------|--------------------------|-----------------|--------------------------|
| No relationship | <input type="checkbox"/> | Relative | <input type="checkbox"/> | Business partner | <input type="checkbox"/> | Other (explain) | <input type="checkbox"/> |
|-----------------|--------------------------|----------|--------------------------|------------------|--------------------------|-----------------|--------------------------|

BLOCK H – MEDICAL DECLARATION

(to be completed by licensed medical doctor, advanced nurse practitioner, or primary community health aid)

1. Name of Treating Medical Professional:	2. Business Telephone Number:
3. Permanent Business Mailing Address:	4. Type of Medical Professional: Licensed Medical Doctor [] Advanced Nurse Practitioner [] Primary Community Health Aide []
5. Description of the medical condition affecting the applicant or applicant's family member (attach documentation of the medical condition and a description of the care required):	
I acknowledge the requirements for receiving an Emergency Medical Transfer and certify that, to the best of my knowledge and belief, the information presented here is true, correct, and complete. The medical condition described above would prevent the applicant from participating in the IFQ fishery or, in the case of a family member, require continuous care that would preclude the applicant's participation in the IFQ fishery.	
6. Signature of Treating Medical Professional:	7. Date:

NOTE: This application for transfer must be completed, signed, and notarized by both parties. Failure to have signatures properly notarized will result in delays in the processing of this application.

BLOCK I – CERTIFICATION OF TRANSFEROR (SELLER)	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Transferor (Seller) or Authorized Agent:	2. Date:
3. Printed Name Transferor (Seller) or Authorized Agent Note: If agent, attach authorization:	
4. Notary Public Signature: ATTEST	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

BLOCK J – CERTIFICATION OF TRANSFEREE (BUYER)	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature Transferee (Buyer) or Authorized Agent:	2. Date:
3. Printed Name Transferee (Buyer) or Authorized Agent Note: If agent, attach authorization:	
4. Notary Public Signature: ATTEST	5. Affix Notary Stamp or Seal Here:
5. Commission Expires:	



**INSTRUCTIONS:
Application for
Emergency Medical Transfer (EMT)
of IFQ**

The requirement of 50 CFR part 679.41(c) for an individual IFQ card holder to be aboard the vessel during fishing operations and to sign the IFQ landing report may be waived as described at 50 CFR part 679.41(d). An emergency medical transfer (EMT) may be approved if the applicant demonstrates that he or she is unable to participate in the IFQ fishery for which he or she holds IFQ:

- Because of a severe medical condition that precludes participation; or
- Because of a severe medical condition involving an immediate family member that requires the IFQ holder's full time attendance.

Eligibility. To be eligible to receive an EMT, an individual halibut or sablefish QS holder:

Must possess one or more catcher vessel IFQ permits.

Must not qualify for a hired master exception.

Note: A Separate Application must be submitted for each Emergency Medical Transfer of IFQ.

The original application must be submitted — an application sent by facsimile will not be processed.

Please allow at least ten working days for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you need assistance in completing this application or need additional information, call Restricted Access Management at (800) 304-4846 (#2) or (907) 586-7202 (#2).

When completed, mail or deliver the application to

**NMFS Alaska Region
Restricted Access Management
P.O. Box 21668
Juneau, AK 99802-1668
or
709 West 9th Street, Room 713**

Note: It is important that all blocks are completed and all necessary documents are attached. Failure to answer any of the questions, provide attachments, or to have signatures notarized could result in delays in the processing of your application.

BLOCK A

Any person that received QS/IFQ as an Initial Issuee or that holds a Transfer Eligibility Certificate (TEC) is eligible to receive QS/IFQ by transfer. If you answer "No," the transferee (buyer) will need to contact RAM for instructions on eligibility procedures and a TEC application form.

Persons who qualify for a hired master exception under 50 CFR §679.42(i) are ineligible to receive an EMT. If you check “Yes,” the submitted EMT application will be denied.

BLOCK B

Use this list as a guide to make sure you have included all the necessary items in the mailing of your application. This will ensure timely processing of your transfer application. You must attach the completed Medical Declaration and a copy of the IFQ permit or QS certificate to be considered for an Emergency Medical Transfer.

BLOCKS C & D
TRANSFEROR (SELLER) AND TRANSFEREE (BUYER)

1. Name: Full name as it appears on QS Certificate and/or Transfer Eligibility Certificate (TEC).
2. NMFS Person ID: As found on QS Certificate or TEC.
3. Date of Birth: Birth date of the person.
4. SSN or Tax ID:

The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person’s relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.

5. Permanent Business Mailing Address: Include Street or P.O. Box number, city, state, and zip code.
6. Temporary Business Mailing Address: Address you want the transfer documentation sent if some-where other than to the permanent address. Include street or P.O. Box number, city, state, and zip code.
- 7-9. Business Telephone and Fax Numbers (Include the area codes), and E-mail Address (if any).

BLOCK E – IDENTIFICATION OF IFQ TO BE TRANSFERRED

1. Indicate whether halibut or Sablefish IFQ.
2. IFQ Regulatory Area:
3. Number of Units:
4. Numbered To and From (Serial Numbers are shown on the QS Certificate):
5. Actual Number of IFQ Pounds
6. Transferor (Seller) IFQ Permit Number
7. Indicate Fishing Year

BLOCK F – TRANSFEROR SUPPLEMENTAL INFORMATION

1. The price per pound of IFQ must be entered for IFQs that are being transferred under an EMT. (To derive the number of dollars per unit of QS or pound of IFQ, divide the total amount paid, including fees, by the number of QS units **or** the number of IFQ pounds being transferred.)
2. The total amount entered should include **any and all** monies collected on behalf of the seller for the shares involved, including any fees that will be paid out to other parties for the expenses of brokering or assisting in the sale of these shares.

BLOCK G – TRANSFEREE SUPPLEMENTAL INFORMATION

1. Indicate the primary source of financing for this transfer (check one).
2. Indicate how the IFQ was located (check all that apply).
3. Indicate Buyer's relationship to the IFQ Holder (check all that apply).

BLOCK H -- MEDICAL DECLARATION

***(Completed by licensed medical doctor, advanced nurse practitioner,
or primary community health aide)***

- 1-3. The medical professional who conducted the medical examination must print or type their name, business telephone number, and permanent business mailing address.
4. The medical professional who conducted the medical examination must check the box indicating The medical category they fall within.
5. The medical professional conducting the medical examination must provide a concise description of the medical condition affecting the applicant or the applicant's family member. The medical professional may attach the original medical report or additional information if necessary.
6. The medical professional who conducted the medical examination must sign and date the declaration.

BLOCK I - CERTIFICATION OF TRANSFEROR

1. Sign and print your name and date the application. If completed by a representative, attach authorization.
2. A Notary Public must Attest, affix Notary Stamp, and provide date commission expires. The Notary Public cannot be the person(s) submitting this application.

BLOCK J - CERTIFICATION OF TRANSFEREE

1. Sign and print your name and date the application. If completed by a representative, attach authorization.
2. A Notary Public must Attest, affix Notary Stamp, and provide date commission expires. The Notary Public cannot be the person(s) submitting this application.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2 hours per response, 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 this 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 104(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.
