NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 12/20/2011

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

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 10/20/2011

ACTION REQUESTED: Revision of a currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 201109-0648-010
AGENCY ICR TRACKING NUMBER:
TITLE: Individual Fishing Quotas for Pacific Halibut and Sablefish in the Alaska Fisheries
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change
OMB CONTROL NUMBER: 0648-0272
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: 12/31/2014 DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	49,547	20,263	38,446
New	24,798	9,946	13,486
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	-62	-828	-3,083
Change due to Agency Adjustment	-24,687	-9,489	-21,877
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE:

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
Application for Eligibility to Receive QS/IFQ	NA	Application for eligibility to receive GS/IFQ	
IFQ/CDQ hired master permit	NA	Application for IFQ/CDQ Hired Master Permit	
Application for Registered Buyer Permit	NA	Application for registered buyer permit	
Letter of Appeal			50 CFR 679.43
QS/IFQ Designated Beneficiary Form	NA	QS/IFQ designated beneficiary form	
QS Holder Form: Identification of Ownership Interest	NA	QS Holder: Identification of ownership interest	
Application to Become a Community Quota Entity (CQE)	NA	Application to become a Community Quota Entity	
Application for Transfer of QS/IFQ to or from a Community Quota Entity (CQE)	NA	Application to transfer IFQ/QS to or from a CQE	
Application for Transfer of QS/IFQ including by Sweep-up	NA, NA	Application for transfer of QS/IFQ by self-sweep-up, Application for transfer of QS/IFQ	
Application for replacement of certificates, permits, or licenses	NA	Application for replacement of certificates or permits	
IFQ Administrative Waiver	NA	IFQ/CDQ Administrative Waiver	50 CFR 679
Prior Notice of Landing	NA	Prior Notice of Landing Report to be completed by NMFS personnel only	50 CFR 679.40
IFQ Departure Report	NA	IFQ Departure Report - worksheet	50 CFR 679.40
Registered Buyer Landing Report (electronic/backup manual)			50 CFR 679.40
Transshipment Authorization	NA	Record of IFQ/CDQ Transshipment Authorization - completed by Law Enforcement	50 CFR 679.40
Dockside Sales Receipt			50 CFR 679.40
Emergency medical transfer form	NA	Application for emergency medical transfer of IFQ	
Temporary military transfer application form	NA	Application for temporary military transfer of IFQ	

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
DOC/NOAA/NMFS

2. OMB control number
a. 0648 - 0272
b. [ ] None

3. Type of information collection (*check one*)
a. [ ] New Collection
b. [✔] Revision of a currently approved collection
c. [✔] Extension of a currently approved collection
d. [ ] Reinstatement, without change, of a previously approved collection for which approval has expired
e. [ ] Reinstatement, with change, of a previously approved collection for which approval has expired
f. [ ] Existing collection in use without an OMB control number
For b-f, note Item A2 of Supporting Statement instructions

4. Type of review requested (*check one*)
a. [✔] Regular submission
b. [ ] Emergency - Approval requested by ____/____/____
c. [ ] Delegated

5. Small entities
Will this information collection have a significant economic impact on a substantial number of small entities? [ ] Yes [✔] No

6. Requested expiration date
a. [✔] Three years from approval date b. [ ] Other Specify:____/____

7. Title
Individual Fishing Quotas for Pacific Halibut and Sablefish in the Alaska Fisheries

8. Agency form number(s) (*if applicable*)

9. Keywords
'fishing, fisheries, fishery'

10. Abstract

The National Marine Fisheries Service's (NMFS) Alaska Region seeks to renew a collection-of-information for the continued management of the Individual Fishing Quota (IFQ) Program for fixed-gear Pacific halibut and sablefish fisheries off Alaska, as well as the Western Alaska Community Development Quota Program (CDQ) halibut fishery. The IFQ Program allocates annual total catch limits for the halibut and sablefish fisheries among individual fishermen and Gulf of Alaska non-profit organizations holding quota share (QS). The CDQ Halibut Program allocates annual total catch limits for the halibut fishery among individual CDQ fishermen. Fishermen are assigned QS for the fisheries, and then annually receive an IFQ and/or CDQ. Applications and reporting are required to manage and track the program.

11. Affected public (*Mark primary with "P" and all others that apply with "x"*)
a. x Individuals or households d. ___ Farms
b. P Business or other for-profit e. ___ Federal Government
c. x Not-for-profit institutions f. ___ State, Local or Tribal Government

12. Obligation to respond (*check one*)
a. [ ] Voluntary
b. [ ] Required to obtain or retain benefits
c. [✔] Mandatory

13. Annual recordkeeping and reporting burden
a. Number of respondents: 1,686
b. Total annual responses: 24,798
1. Percentage of these responses collected electronically: 65 %
c. Total annual hours requested: 9,946
d. Current OMB inventory: 20,263
e. Difference: -10,317
f. Explanation of difference
1. Program change: -828
2. Adjustment: -9,489

14. Annual reporting and recordkeeping cost burden (*in thousands of dollars*)
a. Total annualized capital/startup costs: 0
b. Total annual costs (O&M): 13
c. Total annualized cost requested: 13
d. Current OMB inventory: 39
e. Difference: -26
f. Explanation of difference
1. Program change: -1
2. Adjustment: -25

15. Purpose of information collection (*Mark primary with "P" and all others that apply with "X"*)
a. x Application for benefits e. P Program planning or management
b. x Program evaluation f. ___ Research
c. ___ General purpose statistics g. x Regulatory or compliance
d. ___ Audit

16. Frequency of recordkeeping or reporting (*check all that apply*)
a. [✔] Recordkeeping b. [ ] Third party disclosure
c. [✔] Reporting
1. [✔] On occasion 2. [ ] Weekly 3. [ ] Monthly
4. [ ] Quarterly 5. [ ] Semi-annually 6. [✔] Annually
7. [ ] Biennially 8. [ ] Other (describe) ____

17. Statistical methods
Does this information collection employ statistical methods
[ ] Yes [✔] No

18. Agency Contact (person who can best answer questions regarding the content of this submission)
Name: Patsy A. Bearden
Phone: (907) 586-7008

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 signed by Emily Menashes	Date 09/22/2011
Signature of NOAA Clearance Officer	
Signature signed by Sarah Brabson	Date 09/28/2011

SUPPORTING STATEMENT
ALASKA PACIFIC HALIBUT AND SABLEFISH FISHERIES
INDIVIDUAL FISHING QUOTAS (IFQs)
OMB CONTROL NO. 0648-0272

This request is for revision and extension for this collection of information. The revision entails removal of some duplicative information collections and changes in notarization requirements.

INTRODUCTION

The International Pacific Halibut Commission (IPHC) and National Marine Fisheries Service (NMFS) manage fishing for Pacific halibut (*Hippoglossus stenolepis*) through regulations established under the authority of the Convention between the United States Halibut Fishery of the Northern Pacific Ocean and Bering Sea Convention (Convention) and the Northern Pacific Halibut Act of 1982 (Halibut Act).

The North Pacific Fisheries Management Council (Council), under the authority of the Halibut Act (with respect to Pacific halibut) and the Magnuson-Stevens Conservation Act, 16 U.S.C. 1801 *et seq*., as amended in 2006 (Magnuson-Stevens Act) (with respect to sablefish), manages the fixed gear Pacific halibut and sablefish Individual Fishing Quota (IFQ) Program. The IFQ Program provides a limited access system for Pacific halibut in Convention waters in and off Alaska and sablefish fisheries in waters of the Exclusive Economic Zone off Alaska. Fishing under the IFQ Program began on March 15, 1995, ending the open-access fisheries that preceded its implementation.

NMFS Alaska Region administers the IFQ Program. Regulations pursuant to the Convention are set forth at 50 CFR 300.60 through 300.65. Regulations implementing the IFQ program are set forth at 50 CFR 679 Subpart D.

A. JUSTIFICATION

NMFS established the IFQ Program to improve the long-term productivity of the sablefish and halibut fisheries by further promoting the conservation and management objectives of the Magnuson-Stevens Act and the Halibut Act while retaining the character and distribution of the fishing fleets as much as possible. The IFQ Program includes several provisions, such as ownership caps and vessel use caps that protect small producers, part-time participants, and entry-level participants that otherwise could be adversely affected by excessive consolidation.

The IFQ Program also includes other restrictions to prevent the halibut and sablefish fisheries from domination by large boats or by any particular vessel class. NMFS designed the requirements to maintain a predominantly owner-operated fishery, which was a key characteristic of the halibut and sablefish fisheries prior to the implementation of the IFQ Program. The IFQ Program provides each fisherman an IFQ that can be used any time during the open season to allow each fisherman to set his/her own pace and fishing effort. Under the IFQ Program, quota share (QS) represents a harvesting privilege for a person. Annually, NMFS issues IFQ to QS holders to harvest specified poundage. The specific amount of IFQ held by a person is determined by the number of QS units held, the total number of QS units issued in a

specific regulatory area, and the total pounds of sablefish or halibut allocated for the IFQ fisheries in a particular year. Fishermen may harvest the IFQ over the entire fishing season, which extends approximately from March through November 15.

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

NMFS and the Council developed the IFQ Program to reduce fishing capacity that had increased during years of management as an open-access fishery. The IFQ Program provides coastal Alaska communities a source of revenue, while maintaining the social and economic character of fixed-gear sablefish and halibut fisheries. The IFQ Program provides economic stability for the commercial fixed gear fishery while reducing many of the conservation and management problems commonly associated with open-access fisheries.

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.

An IFQ permit authorizes participation in fixed-gear harvests of Pacific halibut off Alaska, and most sablefish fisheries off Alaska. The IFQ permits are not specific to vessels and are issued annually to persons holding fishable Pacific halibut and sablefish QS. IFQ permits also are issued to those who are recipients of IFQ-only transfers from QS holders.

Required reports include prior notice of landing; landing report, shipment report, transshipment authorization, vessel clearance, and departure report. Reports are required to monitor catch of halibut and sablefish to determine:

- Individual compliance;
- The amount of fish being taken does not fall under the definition of overfishing for the fishery; and
- The program is effective in accomplishing the goal of reducing fishing effort in the halibut and sablefish fisheries in the waters off Alaska.

a. Application for Eligibility to Receive QS/IFQ

NMFS initially issued QS to persons who owned or leased vessels that made legal commercial fixed-gear landings of Pacific halibut or sablefish during 1988-1990 off Alaska. The application period for QS ended on July 15, 1994. Once issued to a person by NMFS, QS is held by that person until it is transferred, suspended, or revoked. Currently, QS may only be obtained through transfer. QS is transferable to other initial issuees or to those who have become transfer-eligible through obtaining NMFS' approval.

Those persons applying to receive QS or IFQ by transfer must submit to the Regional Administrator an Application for Eligibility to Receive QS/IFQ to obtain a Transfer Eligibility Certificate (TEC). To be eligible, persons must have 150 or more days of experience working as

part of a harvesting crew in any U.S. commercial fishery. Work in support of harvesting but not directly related to it is not considered harvesting crew work.

An application for eligibility may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements.

Application for Eligibility to Receive QS/IFQ

Block A – Applicant Information

- Name and NMFS Person ID
- Taxpayer ID No. (Employer ID No. or SSN)
- Business mailing address (indicate whether permanent or temporary)
- Business telephone number, business fax number, and business e-mail address
- If applicant is a U.S. citizen, enter date of birth
- If applicant is a U.S. corporation, partnership, association, or other non-individual business entity, enter date of incorporation

Block B – Freezer Shares8888

- If this TEC is for an entity that intends to buy or lease only category A QS and participant is a corporation, partnership, association, or other non-individual entity, attach and complete a QS holder: Identification of Ownership Interest form.

Block C – Notary Certification

- Printed name and signature of applicant and date signed
- If authorized representative, attach authorization
- Notary Public signature, commission expiration date, and notary stamp or seal

Blocks D – Commercial Fishing Experience

- Species
- Gear type
- Location
- Begin date and end date of fishing experience
- Number of actual days spent harvesting fish
- Duties performed while directly involved in the harvesting of fish
- Vessel name
- Alaska Department of Fish and Game (ADF&G) vessel registration number or U.S. Coast Guard (USCG) documentation number of vessel
- Name of vessel owner and name of operator
- Reference
  - Name
  - Relationship to applicant
  - Business mailing address, and business telephone number

A person applies for eligibility only once, rather than annually or every three years. The total number of persons eligible to receive QS by transfer from the beginning of the IFQ Program (1995) is 7,514. Dividing by 16 (to represent number of years), obtains 469.625. The number 470 is used for the estimated annual number of participants submitting this form.

Application for Eligibility to Receive QS/IFQ, Respondent	
Total number of respondents	**470**
Total annual responses	**470**
Number of responses per year = 1	
Total Time burden (470 x 2)	**940 hr**
Time per response = 2 hr	
Total personnel cost = 940 x $25	**$23,500**
Total miscellaneous cost = $2627.30	**$2,627**
Postage (0.44 x 470 = $206.80)	
Photocopy (0.05 x 3pp x 470 = $70.50)	
Notary (5 x 470 = $2350)	

Application for Eligibility to Receive QS/IFQ, Federal Government	
Total annual responses	**470**
Total Time burden	**235 hr**
Time per response = 30 min	
Total personnel cost = 235 x $25	**$5,875**
Total miscellaneous costs	**0**

b. Quota Share (QS) Holder: Identification of Ownership Interest

A corporation, partnership, association, or other non-individual entity, except for a publicly held corporation, that receives an allocation of QS must provide annual updates through this ownership form to the Regional Administrator identifying all current shareholders, partners, or members to the individual person level and affirming the entity's continuing existence as a corporation, partnership, association, or other non-individual entity.

Collection of ownership interest information enables NMFS to determine compliance with the following requirements:

- identify first-time applicants;
- identify those who hold QS that exceed their allowable use limits;
- identify change in a corporation or partnership that holds catcher vessel QS. An entity must notify NMFS of any change within 15 days of its effective date and must then transfer its QS to a qualified individual;
- affirm an entity's continuing existence;
- ensure corporations and partnerships are not erroneously issued annual IFQ resulting from the collectively held QS;
- identify indirect ownership of vessels for purposes of the IFQ hired master provisions;

Proof of vessel ownership must be submitted by non-individual respondents each year. Federal regulations at 50 CFR 679.42(i) and (j) define acceptable proof of ownership as:

- For a documented vessel, owns a minimum 20–percent interest in the vessel as shown by the U.S. Abstract of Title issued by the USCG that lists the permit holder as an

owner and, if necessary to prove the required percentage ownership, other written documentation;

- For an undocumented vessel, owns a minimum 20–percent interest in the vessel as shown by a State of Alaska vessel license or registration that lists the permit holder as an owner and, if necessary to show the required percentage ownership interest.

An ownership interest application may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements.

QS Holder form: Identification of Ownership Interest

Block A – Identification of QS holder

Name of QS holder
Indicate whether this business is a publicly held corporation; **if YES** go to Block C
If a corporation, association, partnership, or other non-individual entity
indicate whether still active
If an estate that has been probated, provide date probate was finalized

Block B – Identification of Members, Shareholders, Partners, Joint Venturers, Successors-In-Interest

If ownership consists of separate or additional corporations or partnerships, the individual owners of those entities and the percentage of interest those individuals hold in their respective corporations/partnerships must be listed

Name of owner(s)
Percent of interest held
Indicate whether ownership percentages represent the addition of any new owners since QS was initially issued

Block C – Certification

Signature, printed name, title, and date of signature of respondent
Signature of notary public, commission expiration date, and notary public stamp or seal

Currently, there are 2,977 halibut and/or sablefish QS holders. Of those, 2,811 are individuals and only 166 are non-individuals.

QS Holder Form: Identification of Ownership Interest, Respondent	
Estimated number of respondents	**166**
Total annual responses	**166**
Number of responses per year = 1	
Total Time burden	**332 hr**
Time per response = 2 hr	
Total personnel cost = 332 x $25	**$8,300**
Total miscellaneous cost = $919.64	**$920**
Postage (0.44 x 166 = $73.04)	
Photocopy (0.05 x 2pp x 166 = $16.60)	
Notary (5 x 166 = $830)	

QS Holder Form: Identification of Ownership Interest, Federal Government	
Total annual responses	**166**
Total Time burden	**166 hr**
Time per response = 1 hr	
Total personnel cost = 166 x$25	**$4,150**
Total miscellaneous costs	**0**

c. Application for IFQ/CDQ hired master permit

Non-individual IFQ permit holders must designate a hired master to fish their IFQ or obtain a permit to access their account. To obtain a hired master, non-individual permit holders must own (either directly or indirectly) at least 20 percent of the vessel upon which their hired master will fish the IFQ. A hired master permit is required for harvest of IFQ halibut, IFQ sablefish, or Western Alaska Community Development Quota (CDQ) halibut on behalf of a permit holder. The applicant must complete a separate application for each vessel, each IFQ permit number, and each CDQ permit number.

To demonstrate percent of vessel ownership by IFQ permit holder -- documentation of ownership must be included with this application, except for Category A IFQ permit holders and CDQ permit holders.

- Proof of vessel ownership by the IFQ permit holder:
  - For USCG documented vessels, a complete copy of the USCG Abstract of Title;
  - For an undocumented vessel, a copy of the State of Alaska vessel license or registration.
- If the IFQ permit holder is not the person named on the USCG Abstract of Title or State of Alaska vessel license or registration, documentation establishing indirect ownership such as corporate annual reports, meeting minutes, stock certificates, etc.

The application for a hired master permit may be submitted by mail, fax, or delivery.

Application for IFQ/CDQ Hired Master Permit

Block A – Purpose of application
- Indicate if adding or removing hired master
- Indicate whether the hired master permit should be mailed directly to the hired master
- Indicate permit number(s) and categories to which this action applies

Block B – IFQ/CDQ Permit Holder Information
- Name and NMFS person ID
- Business mailing address (indicate whether temporary or permanent)
- Business telephone number, business fax number, and business e-mail address

Block C – Identification of Vessel upon which IFQ/CDQ Halibut or Sablefish Will be Fished
- Vessel name, length overall, ADF&G vessel registration number, and USCG documentation number of vessel
- If IFQ permit holder holds an ownership interest of at least 20% in the named vessel, attachments are required

Block D – Hired Master Information
- Name and NMFS person ID
- Business mailing address (indicate whether temporary or permanent)
- Business telephone number, business fax number, and business e-mail address

Block E – Certification of Permit Holder
- Signature and printed name of applicant, and date signed
- If representative, attach authorization

Application for IFQ/CDQ Hired Master Permit, Respondent	
Estimated number of respondents	**750**
IFQ = 375	
CDQ halibut = 375	
Total annual responses	**750**
Number of responses per year = 1	
Total Time burden	**375 hr**
Time per response = 30 min	
Total personnel cost (= 375 x $25	**$9,375**
Total miscellaneous cost	**$1,239**
Postage (0.44 x 600 = $264)	
Fax ($6 x 150 = $900)	
Photocopy (0.05 x 2pp x 750 = $75)	

Application for IFQ/CDQ Hired Master, Federal Government	
Total annual responses	**750**
Total Time burden	**375 hr**
Time per response = 30 min	
Total personnel cost (375 x $25)	**$9,375**
Total miscellaneous cost	**0**

d. Application for IFQ/CDQ Registered Buyer Permit

A Registered Buyer permit authorizes the person identified on the permit to receive and make:

- an IFQ landing by an IFQ permit holder or IFQ hired master permit holder;
- a CDQ halibut landing by a CDQ permit holder or CDQ hired master permit holder.

A Registered Buyer permit is required of:

- Any person who receives IFQ halibut, CDQ halibut, or IFQ sablefish from the person(s) who harvested the fish;
- Any person who harvests IFQ halibut, CDQ halibut, or IFQ sablefish and transfers such fish in a dockside sale, outside of an IFQ regulatory area, or outside the State of Alaska;
- A vessel operator who submits a Departure Report (see § 679.5(l)(4)).

NOTE: NMFS does not issue a Registered Buyer permit to entities receiving IFQ Pacific halibut, IFQ sablefish, or CDQ Pacific halibut at locations outside Alaska. In such cases, the vessel operator must be a Registered Buyer.

A Registered Buyer permit is issued on a 3 year cycle upon approval by the Regional Administrator. A Registered Buyer permit is in effect from the first day of the year for which it is issued or from the date of issuance, whichever is later, through the end of the current NMFS 3-year cycle, unless it is revoked, suspended, surrendered, or modified.
An application may be submitted to NMFS by mail, fax, delivery, or online. If the application is submitted to NMFS online using an electronic application available on the NMFS Alaska Region website at http://alaskafisheries.noaa.gov, the NMFS Person ID, password, and transfer key take the place of a signature and certify that all information is true, correct, and complete.

Application for Registered Buyer Permit

If requesting a permit renewal, enter Registered Buyer permit number

Block A -- Applicant Identification

Name and NMFS Person ID of Registered Buyer
Name of contact person
Business mailing address (indicate whether permanent or temporary)
Physical location of facility
Business telephone number, business fax number, and e-mail address

Block B – Type of Activity

Check all activities that apply

Block C – Signature

Signature and printed name of applicant or authorized representative and date signed
If authorized representative, **attach** authorization

Application for Registered Buyer Permit, Respondent	
Estimated number of respondents	**445**
Total annual responses	**445**
Number of responses per year = 1	
Total Time burden = 222.50	**223 hr**
Time per response = 30 min	
Total personnel cost = 223 x $25	**$5,575**
Total miscellaneous cost = $373.50	**$374**
Postage (0.44 x 100 = $44)	
Fax ($6 x 45 = $270)	
Online (0.05 x 300 = $15)	
Photocopy (0.05 x 2pp x 445 = $44.50)	

Application for Registered Buyer Permit, Federal Government	
Total annual responses	**445**
Total Time burden = 222.50	**223 hr**
Time per response = 30 min	
Total personnel cost = $223 x$25	**$5,575**
Total miscellaneous cost	**0**

e. QS/IFQ Designated Beneficiary Form

Quota Share (QS) holders may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder's death. If the QS holder does not leave a surviving spouse, he/she may name an immediate family member to be the beneficiary.

NMFS allows the transfer of IFQ only (lease) of any QS/IFQ transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder. This information is necessary to provide temporary transfer privileges to families of deceased QS holders in the absence of a surviving spouse.

A designated beneficiary form may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements.

QS/IFQ Designated Beneficiary Form

Block A – Identification of QS holder

Name and NMFS Person ID
Business mailing address
Business telephone number, business fax number, and business e-mail address

Block B – Identification of beneficiary

Name and NMFS person ID
Business mailing address
Business telephone number, fax number, and e-mail address+

Block C – Relationship of Beneficiary to QS Holder

If beneficiary is not the spouse of the QS holder, explain immediate relationship of the beneficiary to the QS holder

Block D – Signature

Signature and printed name of beneficiary, and date signed
If authorized representative, **attach** authorization
Signature, commission expiration date, and stamp or seal of notary public

QS/IFQ Designated Beneficiary Form, Respondent	
Estimated number of respondents	**500**
Total annual responses	**500**
Number of responses per year = 1	
Total Time burden (500 x 0.5)	**250 hr**
Time per response = 30 minutes	
Total personnel cost = 250 x $25	**$6,250**
Total miscellaneous cost	**$2,770**
Postage (0.44 x 500 = $220)	
Photocopy (0.05 x 2pp x 500 = $50)	
Notary (5 x 500 = $2500)	

QS/IFQ Designated Beneficiary Form, Federal Government	
Total annual responses	**500**
Total Time burden	**250 hr**
Time per response = 30 min	
Total personnel cost = 250 x $25	**$6,250**
Total miscellaneous cost	**0**

f. Application for a Non-profit Corporation to be Designated as a Community Quota Entity (CQE)

The IFQ Program allocates a portion of the quotas for groundfish, halibut, crab, and prohibited species in the Bering Sea and Aleutian Islands Management Area (BSAI) to Western Alaska communities. The allocations provide communities the means for starting or supporting commercial fisheries business activities that will result in an ongoing, regionally based, fisheries-related economy.

A non-profit corporate entity that meets specific criteria to receive transferred halibut or sablefish QS on behalf of an eligible community may lease the resulting IFQ to persons who are residents of the eligible community. Communities eligible to participate in this program must meet all of the following criteria:

- Have a population of less than 1,500 persons based on the 2000 United States Census;
- Have direct saltwater access;

- Lack direct road access to communities with a population greater than 1,500 persons;
- Have historic participation in the halibut and sablefish fisheries; and
- Be specifically designated on a list adopted by the Council.

NMFS requires information to establish the eligibility of the CQEs to hold QS, monitor the participation of the eligible communities in this program, gather information on the distribution of QS and IFQ among these communities, and receive an annual report from each CQE. This information is used both to evaluate the ability of the specific CQE to represent an eligible GOA community and to augment fisheries management efforts.

This application procedure is required for each non-profit entity seeking to become a CQE representing a specific community. The Application for a Non-profit Corporation to be Designated as a CQE must be submitted prior to the transfer of any QS to a CQE representing any community. This application is due only once, unless a particular eligible community withdraws support from a specific CQE. For purposes of estimating burden hours, this situation is unlikely to arise. The application process would not need to be resubmitted more than once every five years.

An application may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements.

Application for a Non-profit Corporation to be Designated as a CQE

Block A–Identification of applicant

Name of nonprofit organization
Name of contact person
Permanent business mailing address
Business telephone number, fax number, and e-mail address
Name of community represented by nonprofit organization
Name of contact person for community governing body

Block B – Required Information -- Checklist of required attachments

Block C – Notary Certification

Printed name and signature of applicant and date signed
Signature, date when commission expires, and stamp of Notary

Currently, 21 CQE non-profit corporations represent 21 unique Alaskan communities. In this revision, NMFS Alaska Region is correcting the number of communities, which was previously incorrectly shown as seven. To be able to receive benefits under the program an eligible community must form a non-profit cooperation, under the applicable State laws, and submit a complete application to NMFS. Only one approved submittal is necessary to become a CQE.

Application to Become an CQE, Respondent	
Estimated number of respondents	**21**
Total annual responses	**7**
Number of responses = 1 initial 21/3yr = 7	
Total Time burden	**1,400 hr**
Time per response = 200 hr	
Total personnel cost = $150 x 1400	**$210,000**
Total miscellaneous cost = $55.58	**$56**
Postage (0.44 x 7 = $3.08)	
Photocopy (0.05 x 50pp x 7 = $17.50)	
Notary (5 x 7 = $35)	

Application to Become an CQE, Federal Government	
Total annual responses	**7**
Total Time burden	**28 hr**
Time per response = 4 hr	
Total personnel cost = 28 x $25	**$700**
Total miscellaneous cost	**0**

Transfers

IFQ regulations restrict the type of QS and IFQ transfers that may occur, including restrictions against the transfer of most types of QS if the QS is subject to a lease or condition of repossession or resale by the person transferring the QS. This effectively precludes temporary transfers of QS and IFQ between parties. QS is categorized by vessel size and type. IFQ derived from QS associated with processing vessels (vessel category A) may be temporarily transferred or leased, while much of the IFQ derived from QS associated with catcher vessels (vessel categories B, C, and D) may not be temporarily transferred or leased, with limited exception.

g. Application for Transfer of QS/IFQ to or from a CQE

This application is used to apply for a transfer of QS or IFQ to or from a CQE. The receiving party of the QS/IFQ transfer must hold a Transfer Eligibility Certificate (TEC). If the application is to permanently transfer QS from a CQE to another party, the application must be signed by a representative of the community for whom the CQE holds the QS.

A CQE may transfer QS:

- To generate revenues to provide funds to meet administrative costs for managing the community QS holdings;
- To generate revenue to improve the ability of residents within the community to participate in the halibut and sablefish IFQ fisheries;
- To generate revenue to purchase QS to yield IFQ for use by community residents;
- To dissolve the CQE; or
- As a result of a court order, operation of law, or as part of a security agreement.

For a sweep-up (i.e., to combine two blocks that you currently hold) transfer, the original QS Certificates of both the transferor and the transferee must be attached to the application.

The following determinations are required:

- Resident
  An individual applying to receive IFQ from QS held by a CQE is a resident of the eligible community in whose name the CQE is holding QS;

- Governing Body
  The governing body of the eligible community has authorized the transfer of QS.

- The CQE

  Applying to receive or transfer QS has submitted a complete annual report(s);

  Applying to transfer QS has provided information on the reasons for the transfer;

  Applying to receive QS

  is eligible to hold QS on behalf of the eligible community in the halibut or sablefish regulatory area designated for that eligible community in Table 21 to 50 CFR part 679.
  has received notification of approval of eligibility to receive QS/IFQ for that community.

An application for transfer may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements.

Application for Transfer of QS/IFQ to or from a CQE

Block A – Identification of Transferor
- Name and NMFS Person ID
- Name of community represented by the CQE
- Business mailing address (indicate whether permanent or temporary)
- Business telephone number, business fax number, and business e-mail address

Block B – Identification of Transferee
- Name and NMFS Person ID
- Name of community represented by the CQE
- Business mailing address (indicate whether permanent or temporary)
- Business telephone number, business fax number, and e-mail address

Block C – QS Questions for Transferee
- If QS is to be included in a sweep-up, list the identifier on the QS certificate into which this new piece should be combined
- For sweep-up, **attach** the original QS Certificates of both the transferor and the transferee

If this is a transfer of Catcher vessel CDQ compensation QS and the vessel category has never been declared, designate the catcher vessel category in which QS should be issued

Block D – Identification of QS/IFQ to be Transferred

Complete Block D if QS and IFQ transfer together or to transfer QS only

Quota Share to be transferred
- Total QS units
- Designation of QS, as shown on the QS certificate: from and to

Indicate whether all remaining IFQ pounds from the current fishing year should be transferred with the QS

If NO, indicate the number of pounds to be transferred

Block E – Transfer of IFQ only (lease of IFQ)

(Pertains only to proposed transfers from CQEs to qualifying community members)

Identification of IFQ to be transferred: Permit number and year

Name of the community to which QS are currently assigned

Block F – Required Transferor Supplemental Information

Indicate the reason(s) transfer being proposed

Price per unit of QS and the price per pound of IFQ

Total amount paid for the QS/IFQ in this transactions, including all fees

If a broker is used for this transaction, indicate amount paid in brokerage fees or percentage of total price

Indicate reason for transferring QS/IFQ

Block G – Required Transferee Supplemental Information

If QS/IFQ will have a lien attached, identify the lien holder

Primary source of financing for this transfer

How was the QS/IFQ located

Relationship to the transferor

If an agreement exists to return the QS or IFQ to the transferor or any other person or a condition placed on resale, explain

Block H -- Certification of Transferor

Printed name and signature of Transferor and date signed

If authorized representative, **attach** authorization

Signature, commission expiration date, and stamp of notary

Block I -- Certification of Transferee

Printed name and signature of Transferee and date signed.

If authorized representative, attach authorization.

Signature, commission expiration date, and stamp of notary

Block J -- Certification of CQE Community Representative

Printed name, title, and signature of Community Representative and date signed

Signature, commission expiration date, and stamp of notary

Application for Transfer of QS/IFQ to or from a CQE, Respondent	
Estimated number of respondents	**21**
Total annual responses	**42**
Number of responses per year = 2	
Total Time burden	**84 hr**
Time per response = 2 hr	
Total personnel cost = 84 x $25	**$2,100**
Total miscellaneous cost = $236.88	**$237**
Postage (.44 x 42 = $18.48)	
Photocopy (0.05 x 4 pp x 42 = $8.40)	
Notary ($5 x 42 = $210)	

Application for Transfer of QS/IFQ to or from a CQE, Federal Government	
Total annual responses	**42**
Total Time burden	**21 hr**
Time per response = 30 min	
Total personnel cost = 21 x $25	**$525**
Total miscellaneous cost	**0**

h. Approval of Transfer from governing body of the eligible community [REMOVED]

The governing body of an eligible community, as that governing body is identified in Table 21 to 50 CFR part 679, must provide authorization for any transfer of QS by the CQE that holds QS on

behalf of that eligible community prior to that transfer of QS being approved by NMFS. That authorization consists of a signature on the Application for Transfer of QS/IFQ to or from a CQE by a representative of the governing body that has been designated by that governing body to provide such authorization to approve the transfer of QS.

This item is removed as a separate requirement, because the approval of transfer from a governing body is submitted as part of the Application for Transfer of QS/IFQ to or from a CQE.

i. Application for Transfer of QS/IFQ (includes transfer by sweep-up, see below)

The information required by this application is necessary to ensure that QS and IFQ are transferred in compliance with the regulations governing the buying and selling of QS and the leasing of IFQ. This application for transfer must be completed, signed by both the buyer and seller, and notarized. Collectively held QS must be transferred to a qualified individual upon any change in a corporation or partnership.

The form allows NMFS to monitor the transfer of QS, both purchased and sold. Transfers of QS and IFQ are regulated:

- to prevent over-consolidation;
- to accommodate divestiture requirements at 50 CFR part 679.42(j);
- to promote an owner-operator IFQ fleet, and
- to allow new entrants into the fishery.

Transfer Upon Deceased QS Holder. Any person that wishes to substantiate the death or dissolution of a QS holder or that receives title to QS by inheritance or court order may not use the IFQ resulting from it to harvest sablefish or halibut with fixed gear until a QS transfer is approved by NMFS. Any person that wishes to transfer title to the QS on behalf of the deceased person or his/her estate, must:

- Notify NMFS and request a transfer ;
- Provide an affidavit, court order, or some other form of substantiating evidence supporting the transaction (establish the death or dissolution of the QS holder);
- Provide proof of representation to conduct such business as authorized by the Court or other appropriate authorizing body.

Catcher Vessel CDQ compensation QS. If this is a transfer of Catcher Vessel CDQ compensation QS, there is a **one-time** opportunity at the time of the first transfer to **permanently** designate the catcher vessel category of the QS being transferred. CDQ compensation QS is QS issued as compensation for halibut and sablefish harvest privileges foregone due to the CDQ Program

Persons issued CDQ compensation QS in a catcher vessel category and in an IFQ regulatory

area in which they do not hold QS other than CDQ compensation QS, may use that CDQ compensation QS on any catcher vessel. This exemption from catcher vessel categories ends upon the first transfer of the CDQ compensation QS. CDQ compensation QS being transferred will be permanently assigned to a specific catcher vessel category as designated by the person receiving the transfer.

Transfer Sweep-up. A separate "Sweep-up" Form must be used by a person who wishes to combine his/her own individual holdings. The regular Application for Transfer of QS and IFQ is for use by two different parties who are transferring from one person to another.

An application for transfer may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements.

Application for Transfer of QS and IFQ

Attachment Checklist

Use this list to ensure application is complete.

Block A – Identification of Transferor (Seller)

Full name as it appears on QS Certificate or TEC and NMFS Person ID
Date of birth
Business mailing address (indicate whether permanent or temporary)
Business telephone number, Business fax number, and business e-mail address

Block B – Identification of Transferee (Buyer)

Indicate whether transferee holds a TEC
Name and NMFS Person ID
Date of birth
Business mailing address (indicate whether permanent or temporary)
Business telephone number, business fax number, and business e-mail address

Block C – QS Questions for Transferee

If QS is to be included in a sweep-up, list the QS Group Number on the QS Holder Summary Report into which this new piece should be combined
If this is a transfer of Catcher vessel CDQ compensation QS and the vessel category was never declared, indicate the vessel category in which you would like to have your QS issued

Block D – Identification of QS and IFQ to be Transferred

Complete Block D if QS and IFQ are to be transferred together or to transfer QS only.

Whether Halibut or sablefish
IFQ Regulatory area
Vessel category
Number of QS units to be transferred
Transferor IFQ permit number
Start and end serial numbers of QS to be transferred
Indicate whether all remaining pounds for the current fishing year should be transferred
If NO, number of pounds to be transferred

Block E – Transfer of IFQ only

Complete Block E if requesting transfer of IFQ only (applies only to Category A and surviving Spouse IFQ)

Whether Halibut or sablefish
IFQ regulatory area
Number of units to be transferred
Start and end serial numbers of IFQ to be transferred
Actual number of IFQ pounds
Transferor IFQ permit number
Fishing year

Block F – Required Transferor Supplemental Information

Price per unit of QS
Price per pound of IFQ
Total amount paid for the QS/IFQ, including all fees

Reasons for transferring the QS/IFQ (check all that apply)
If a broker is used for this transaction, enter amount paid in brokerage fees or % of total price

Block G – Required Transferee supplemental information

Indicate whether QS/IFQ being purchased will have a lien attached; **if YES**, name of lien holder
Primary source of financing for this transfer (check one)
How the QS/IFQ was located (check all that apply)
Buyer's relationship to the QS/IFQ Holder (check all that apply)
If an agreement exists to return QS or IFQ to Transferor or any other person, or a condition placed on resale, explain

Block H – Certification of Transferor

Printed name and signature of Transferor and date signed
If authorized representative, **attach** authorization
Signature, commission expiration date, and stamp of notary

Block I -- Certification of Transferee

Printed name and signature of Transferee and date signed
If authorized representative, **attach** authorization.
Signature, commission expiration date, and stamp of notary

Application for Transfer of QS/IFQ by Sweep-up

This application is for use by a person who wishes to combine (sweep-up) two blocks that are held. Blocked QS may be combined into one block if the total amount of QS being combined is less than or equal to established amounts of QS units per area. To be combined, QS must be in the same vessel category, and the resulting block size must not exceed the sweep-up limits.

An application for transfer may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements.

Application for Transfer of QS/IFQ by Sweep-up

Block A – Applicant information

Applicant name and NMFS Person ID
Date of birth
Business mailing address (indicate whether permanent or temporary)
Business telephone number, business fax number, and business e-mail address

Block B –- First Quota Shore Block

Halibut or sablefish
IFQ Regulatory area
Vessel category
Number of QS units to be combined
Start and end serial numbers of QS

Block C –- Second Quota share Block

Halibut or sablefish
IFQ Regulatory area
Vessel category
Number of QS units to be combined
Start and end serial numbers of QS

Block F – Certification of QS Holder

Signature and printed name of QS holder and date signed
If authorized representative, attach authorization
Signature, commission expiration date, and stamp of notary public

In 2009, a total of 435 halibut transfers occurred: 258 QS/IFQ transfers; 136 IFQ only transfers; and 41 sweep-up of small blocks. In 2009, a total of 168 sablefish transfers occurred: 106 QS/IFQ transfers; 50 IFQ only transfers; and 12 sweep-up of small blocks.

Application for Transfer of QS and IFQ, Respondent	
Estimated number of respondents	**603**
435 halibut transfers	
168 sablefish transfers	
Total annual responses	**603**
Number of responses per year = 1	
Total Time burden	**1,206 hr**
Time per response = 2 hr	
Total personnel cost = 1206 x $25	**$30,150**
Total miscellaneous cost = $3,400.92	**$3,401**
Postage (0.44 x 603 = $265.32)	
Photocopy (0.05 x 4 pp x 603 = $120.60)	
Notary ($5 x 603 = $3015)	

Application for Transfer of QS and IFQ, Federal Government	
Total annual responses	**603**
Total Time burden = $301.50	**302 hr**
Time per response = 30 min	
Total personnel cost = 302 x $25	**$7,550**
Total miscellaneous cost	**0**

j. Military Transfer Application

The IFQ military transfer is for use by members of the National Guard and military reserves who are mobilized to active duty. This military transfer of annual halibut and sablefish IFQ to other eligible IFQ recipients allows guardsmen and reservists to accrue some economic benefit from their annual IFQ if unable to harvest halibut or sablefish in the event of a military mobilization affecting a QS holder.

A QS holder may apply for a military transfer by submitting an application to the Alaska Region, NMFS. A military transfer will be approved if the QS holder demonstrates that he or she is unable to participate in the IFQ fishery for which he or she holds QS because of a military mobilization or activation to duty status. A QS holder who has received an approved military transfer may transfer the IFQ derived from his or her own QS to an individual eligible to receive IFQ. 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.

To be eligible to receive a temporary military transfer, a QS holder must:

- Be a member of a branch of the U.S. National Guard or other U.S. military reserve;
- Possess one or more catcher vessel IFQ permits;
- Not qualify for a hired master exception under § 679.42(i). Persons who qualify for a hired master exception are ineligible to receive a temporary military transfer.

The original application must be submitted; an application by fax will not be processed.

Military Transfer Application

Block A – Qualifying Questions

Indicate if the Transferor (Military) qualifies for a hired master exception

If YES, the military transfer application will be denied

Indicate if the Transferee (Not Military) holds a Transfer Eligibility Certificate (TEC)

If NO, the transferee (buyer) must apply for a TEC

Block B – Attachments

Use this list to determine necessary attachments

Block C -- Transferor (Seller) Information

Full name as it appears on QS Certificate and/or TEC

NMFS Person ID

Birth date of applicant

Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code

Temporary Business Mailing Address (provide only if 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)

Business telephone number, business fax number (include area codes), and business E-mail address (if any)

Block D -- Transferee (Buyer) Information

Full name as it appears on QS Certificate and/or TEC

NMFS Person ID

Birth date of applicant

Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code

Temporary Business Mailing Address (provide only if 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)

Business telephone number, business fax number, and business E-mail address (if any)

Block E – Identification of IFQ to be Transferred

Indicate whether halibut or Sablefish IFQ

IFQ Regulatory Area

Number of Units

Numbered To and From (Serial Numbers are shown on the QS Certificate)

Actual Number of IFQ Pounds

Transferor IFQ Permit Number

Fishing Year

Block F -- Certification Of Transferor

Printed name and signature of transferor and date signed

If completed by a representative, **attach** authorization

Notary Public Attest, affix Notary Stamp, and provide date commission expires

The Notary Public cannot be the person(s) submitting this application.

Block G - Certification Of Transferee

Printed name and signature of transferor and date signed

If completed by a representative, **attach** authorization

Notary Public Attest, affix Notary Stamp, and provide date commission expires

The Notary Public cannot be the person(s) submitting this application.

Military Transfer Application, Respondent	
Estimated number of respondents	**3**
Total annual responses	**3**
Number of responses per year = 1	
Total Time burden	**6 hr**
Time requirement per response = 2 hr	
Total personnel cost	**$150**
Cost per hour = 6 x $25	
Total miscellaneous cost = $16.62	**$17**
Postage (0.44 x 3 = $1.32)	
Photocopy (0.05 x 2pp x 3 = $0.30)	
Notary ($5 x 3 = $15)	

Military Transfer Application, Federal Government	
Total annual responses	**3**
Number of responses per year = 1	
Total Time burden (1.5)	**2 hr**
Time requirement per response = 30 min	
Total personnel cost	**$50**
Cost per hour = $25	
Total miscellaneous cost	**0**

k. Military Transfer Application Appeals [REMOVED]

The IFQ Program provides an appeals process for respondents if an application is denied. This collection has several items referring to the Appeals process. With this renewal request, all Appeal items are combined into one.

l. Emergency Medical Transfer Application

QS holders not eligible to hire a Skipper and who (themselves or an immediate family member) have a medical condition preventing them from fishing their catcher vessel IFQ may lease out the IFQ. This provision is intended to allow IFQ to be fished while the QS holder has a short-term medical condition. For this reason, a written declaration from a medical professional is required, and the number of times a person may use a medical transfer for the same medical condition is limited. In evaluating use of this provision, NMFS considers all transfers of a QS holder's IFQ in the same year for the same medical condition to be one "use" of the provision.

The requirement for an individual IFQ permit holder to be aboard the vessel during fishing operations and to sign the IFQ landing report may be waived. An emergency medical transfer 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.

To be eligible to receive an emergency medical transfer, an individual halibut or sablefish QS holder:

- Must possess one or more catcher vessel IFQ permits
- Must not qualify for a hired master exception.

Although small in number, a substantial percentage of persons who have used medical transfers are initial issuees of QS not otherwise eligible to use a Hired Master (that is, those who held QS only in 2C or southeast or did not own a suitable vessel). In 2009, 27 initial issuee transferors composed 41 percent of all medical transferors of catcher vessel IFQ. In 2008, 20 initial issuee transferors held QS only in 2C (halibut), southeast (sablefish), or both of these IPHC areas. In 2009, 19 held QS only in these areas. RAM anticipates that initial issuees will continue using the

limited IFQ medical lease provision to fish their catcher vessel IFQ during short-term medical needs.

Tables l.1 through l.3 provide numbers and types of medical leases, comparisons with other catcher vessel QS holders, transfers, transferors, and uses of medical leases. Specifically, Table l.1 provides the number of leases and distinct transferors and transferees since the provision began. Table l.2 provides a comparison with other catcher vessel and IFQ leases and percentages of those distinct catcher vessel QS holders using medical lease transactions. Table l.3 shows the numbers of persons using medical leases compared with all catcher vessel QS holders. During 2009 the number of medical leases and transferors increased five times over the numbers in 2007. The number of transferees increased fourfold. In these tables, the numbers of persons are not additive across years.

Table l.1 Medical lease transactions by year, Sep 2007–Dec 31, 2009

Year	Number of Transactions	Number of Distinct Transferors	Number of Distinct Transferees
2007	17	13	14
2008	71	54	52
2009	98	66	59
Overall	186	102	94

Table l.2 Medical vs. other IFQ lease transactions, Sep 10, 2007–Dec 31, 2009 and percent of comparable data for all catcher vessel lease transactions

Type of Transaction	Number of Transactions	Number of Distinct Transferors	Number of Distinct Transferees
All IFQ leases	434	156	161
All CV leases	302	132	132
All CV medical leases	186	102	94
Percent of All leases	42.9%	65.4%	58.4%
Percent of All CV leases	61.6%	77.3%	71.2%

Table l.3 Comparison of medical transferors by number of unique persons and percentages of CV QS holders, Sep 10, 2007–Dec 31, 2009

Year	Number of All Persons Holding CV QS at Year-end	Number of Persons Using Medical Leases and Percent of Persons Holding CV QS
2007	3,232	13 (0.4%)
2008	3,064	54 (1.8%)
2009	2,998	66 (2.2%)

The original application must be submitted; an application by fax will not be processed.

Emergency Medical Transfer Application

Block A – Qualifying Questions

Indicate if the Transferor (Medical condition) qualifies for a hired master exception

If YES, the medical transfer application will be denied

Indicate if the Transferee (No Medical condition) holds a TEC

If NO, the transferee (buyer) must apply for a TEC

Block B – Attachments

Use this list to determine necessary attachments

Block C -- Transferor Information (Medical Condition)

Name of Transferor

NMFS Person ID

Birth date of applicant

Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code

Temporary Business Mailing Address (provide only if 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)

Business telephone number, business fax number (include area codes), and business E-mail address (if any)

Block D -- Transferee Information (No medical Condition)

Name of Transferee

NMFS Person ID

Birth date of applicant

Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code

Temporary Business Mailing Address (provide only if 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)

Business telephone number, business fax number, and business E-mail address (if any)

Block E – Identification of IFQ to be Transferred

Indicate whether halibut or Sablefish IFQ

IFQ Regulatory Area

Number of Units

Numbered To and From (Serial Numbers are shown on the QS Certificate)

Actual Number of IFQ Pounds

Transferor IFQ Permit Number

Fishing Year

Block F – Transferor Supplemental Information

Price per pound, including fees

Total amount paid for the IFQ, including fees

Block G – Transferee Supplemental Information

Primary source of financing for this transfer

Indicate how IFQ was located

Transferee's relationship to the IFQ Holder

Block H – Medical Declaration

Name of Treating Medical Professional

Business Telephone Number

Permanent Business Mailing Address

Type of Medical Professional

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)

Signature of Treating Medical Professional and date signed

Block I –Certification Of Transferor

Printed name and signature of transferor and date signed

If completed by a representative, **attach** authorization

Notary Public 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

Printed name and signature of transferor and date signed

If completed by a representative, **attach** authorization

Notary Public Attest, affix Notary Stamp, and provide date commission expires

The Notary Public cannot be the person(s) submitting this application.

The number of persons using medical leases has continually increased since 2007 when the program was initiated (see tables above). It is expected that this increasing trend will continue.

Based on 66 medical transfers occurring in 2009, it is estimated that 70 medical transfers will occur in the future.

Emergency Medical Transfer Application, Respondent	
Estimated number of respondents	**70**
Total annual responses	**70**
Number of responses per year = 1	
Total Time burden	**140 hr**
Time requirement per response = 2 hr	
Total personnel cost	**$3,500**
Cost per hour = 140 x $25	
Total miscellaneous cost = $387.80	**$388**
Postage (0.44 x 70 = $30.80)	
Photocopy (0.05 x 2pp x 70 = $7)	
Notary ($5 x 70 = $350)	

Emergency Medical Transfer Application, Federal Government	
Total annual responses	**70**
Number of responses per year = 1	
Total Time burden	**35 hr**
Time requirement per response = 30 min	
Total personnel cost	**$875**
Cost per hour = 35 x $25	
Total miscellaneous cost	**0**

m. Emergency Medical Transfer Application Appeals [REMOVED]

The IFQ Program provides an appeals process for respondents if an application is denied. This collection has several items referring to the Appeals process. With this renewal request, all Appeal items are combined into one.

n. Appeals

The appeals office in the Alaska Regional Office is part of the National Appeals Office (NAO), a division within NMFS Office of Management and Budget. NAO operates out of NOAA's headquarters in Silver Spring, MD and maintains an office in NMFS's Alaska Regional office. NAO is the successor to the Office of Administrative Appeals, Alaska Region, and is charged with processing appeals that were filed with the Office of Administrative Appeals, Alaska Region. The Alaska Region Administrative Appeals website is provided at http://www.fakr.noaa.gov/appeals/default.htm

The appeals process provides the necessary due process for aggrieved applicants when applying for any of the permits in the IFQ Program. A printed form is not used for an appeal. The applicant is required to request by letter that the IFQ Appeals Officer review the case of the QS applicant. After an appeal is filed, the appeal status can have one of the following outcomes:

- affirmed RAM's denial
- vacated RAM's denial
- case dismissed
- no decision published by NAO (71.5%)

The IFQ program started in 1994 with fishing in 1995; NMFS has not seen a new appeal since 2006.

Letter of Appeal, Respondent	
Estimated number of respondents	**1**
Total annual responses	**1**
Number of responses per year = 1	
Total Time burden	**4 hr**
Time per response = 4 hr	
Total personnel cost = 4 x $25	**$100**
Total miscellaneous cost = $0.69	**$1**
Postage (0.44 x 1= $0.44)	
Photocopy (0.05 x 5pp x 1 = $0.25)	

Letter of Appeal, Federal Government	
Total annual responses	**1**
Total Time burden	**4 hr**
Time per response = 4 hr	
Total personnel cost = 4 x $75	**$300**
Total miscellaneous cost	**0**

o. Application for replacement of certificates, permits, or licenses

This form is used to request a replacement for a certificate, permit, or license that was previously issued by NMFS and that subsequently was lost, destroyed, or stolen.

An application for replacement may be submitted to NMFS by mail, delivery, or fax.

Application for replacement of certificates, permits, or licenses

Block A – Identification of Applicant

Name and NMFS Person ID

Date of birth, if an individual; Date of incorporation, if a corporation, association, partnership, or other non-individual entity

Business mailing address (indicate whether temporary or permanent)

Business telephone number, business fax number, and business e-mail address

Block B – Replacement Request

Indicate certificate, permit, or license to be replaced (check only items that apply)

Block C – Reason for replacement Request

Check one; if checked "other" describe

Block D – Certification of Applicant

Signature and printed name of applicant and date signed

If authorized representative, **attach** authorization

Application for Replacement of Certificates, Permits, or Licenses, Respondent	
Estimated number of respondents	**350**
Total annual responses	**350**
Number of responses per year = 1	
Total Time burden	**175 hr**
Time per response = 30 min	
Total personnel cost = 175 x $25	**$4,375**
Total miscellaneous cost = $189.00	**$189**
Postage (0.44 x 350= $154)	
Photocopy (0.05 x 2pp x 350 = $35)	

Application for Replacement of Certificates, Permits, or Licenses, Federal Government	
Total annual responses	**350**
Total Time burden	**175 hr**
Time per response = 30 min	
Total personnel cost = 175 x $25	**$4,375**
Total miscellaneous cost	**0**

k. Registered Buyer landings report [formerly Electronic Landing Report]

A Registered Buyer permit is required for any person who receives IFQ halibut or sablefish or CDQ halibut from the person that harvested the fish. The permit is also required of any person who harvests IFQ halibut or sablefish or CDQ halibut and transfers such fish in a dockside sale, outside of an IFQ regulatory area, or outside of the State of Alaska. Permits are non-transferable, issued annually, on request, and at no cost. Many Registered Buyers hold more than one permit.

Registered Buyers must report IFQ halibut/sablefish landings and CDQ halibut landings to NMFS electronically using eLandings or the Internet (with permission, a backup paper submission system is available). Real-time accounting of individual harvests contributes significantly to accurate and timely management of each permit holder's IFQ accounts and supports inseason transfers.

Landings may be reported using either eLandings or online, using the NMFS IFQ/CDQ web application. To make landing reports online, using the NMFS IFQ/CDQ web application, a Registered Buyer must have a NMFS ID and password issued by RAM. NMFS intends to phase out the landings feature of this web application and replace it with the eLandings web application.

The following table displays the number and types of Registered Buyer permits issued by RAM for 2009 and the number of Registered Buyers that reported landings. Twenty-two percent of permit holders were active in 2009, compared with 34 percent in 2004 and 32 percent in 1999.

Type and number of Registered Buyer permits and permit holders with landings, 2009

Type of Registered Buyer	Permits Issued	Permits with landings	Percent permits with landings	Number Distinct Permitholders	Number Distinct Permit-holders with Landings	Percent of RB Permit-holders with Landings
Buyer-Broker	108	25	23	103	24	23
Catcher-Seller	241	39	16	239	39	16
Retail	47	15	32	45	14	31
Mothership	7	1	14	7	1	14
Tender	15	2	13	14	1	7
Catcher/ Processor	100	22	22	94	17	18
Restaurant	17	3	18	17	3	18
Shoreplant	130	52	40	87	41	47
Other	39	10	26	39	10	26
Total (not additive)	536	123	23%	476	107	22%

The Registered Buyer and the IFQ permit holder, IFQ hired master permit holder, or CDQ hired master permit holder must sign the groundfish IFQ landing receipt within six hours after all IFQ halibut, CDQ halibut, and IFQ sablefish are offloaded from a harvesting vessel and prior to shipment or transfer of the fish from the landing site.

The Registered Buyer must submit a completed IFQ landing report within six hours after all IFQ halibut, CDQ halibut, and IFQ sablefish are offloaded from a specific vessel and prior to shipment or transfer of said fish from the landing site.

This report may be submitted electronically via the Web or the Interagency Electronic Reporting System (IERS) (described in OMB Control No. 0648-0515).

Registered Buyer landing report

- UserID and password of person assigned for that system
- Landing date (mm/dd/yyyy)
- Location (port code) of the landing
- Permit number of the IFQ permit holder, and any IFQ hired master permit holder, or CDQ hired master permit holder harvesting the fish and permit number of Registered Buyer receiving the IFQ halibut, IFQ sablefish, or CDQ halibut.
- Delivery information as reported by the IFQ permit holder, IFQ hired master permit holder, or CDQ hired master permit holder
  - Harvesting vessel's ADF&G vessel registration number
  - Gear code of gear used to harvest IFQ halibut, IFQ sablefish, or CDQ halibut
  - ADF&G fish ticket number(s) for the landing (after the initial eLandings report is submitted, eLandings assigns an ADF&G fish ticket number to the landing report)
  - ADF&G statistical area of harvest
  - If ADF&G statistical area is bisected by a line dividing two IFQ regulatory areas, provide the IFQ regulatory area of harvest
  - Initial accurate scale weight(s) (to the nearest pound) made at the time of offloading for IFQ halibut, IFQ sablefish, or CDQ halibut. Includes sold and retained (where retained includes fish intended for personal use, fish weighed and reloaded for delivery to another processor, and fish landed but rejected at the dock by the Registered Buyer).
  - Species codes, delivery condition code, and disposition code for each ADF&G statistical area of harvest
  - NOTE: Accurate weight of IFQ sablefish processed product obtained before the offload may be substituted for the initial accurate scale weight at time of offload, if the vessel operator is a Registered Buyer reporting an IFQ sablefish landing
  - Indicate whether initial accurate scale weight is given with or without ice and slime.
    Fish which have been washed prior to weighing or which have been offloaded from refrigerated salt water are not eligible for a 2% deduction for ice and slime and must be reported as fish weights without ice and slime. The 2%t deduction is made by NMFS, not the submitter
  - Indicate whether IFQ halibut is incidental catch concurrent with legal landing of salmon or concurrent with legal landing of lingcod harvested using dinglebar gear
- Signatures for IFQ halibut, CDQ halibut, or IFQ sablefish deliveries

Manual landing report

If the Registered Buyer is unable to submit commercial fishery landings of IFQ crab, IFQ halibut, CDQ halibut, or IFQ sablefish due to hardware, software, or Internet failure for a period longer than the required reporting time, or a change must be made to information already submitted, the Registered Buyer must complete an IFQ manual landing report. Manual landing instructions must be obtained from OLE, Juneau, AK, at 800-304-4846 (Select Option 1).

The Registered Buyer must fax the IFQ manual landing report to 907-586-7313.

The Registered Buyer must retain paper copies of IFQ manual landing reports and make them available upon request of NMFS observers and authorized officers.

The Registered Buyer must complete all questions on the manual report, even if only one item has changed. The following additional information is required: whether the report is original or revised, name, telephone number, and fax number of individual submitting the manual landing report.

Manual landing report

- Whether manual landing report is original or revised
- Date, time, and location (lat and long if at sea) of the IFQ landing
- Name of the IFQ hired master and Registered Buyer
- Halibut IFQ/CDQ permit number, Sablefish IFQ/CDQ Permit No., and Registered Buyer permit number
- Harvesting vessel's name, ADF&G vessel registration number, and gear code
- ADF&G statistical area of harvest
- For each ADF&G statistical area
  - Whether ice and slime is present
  - Whether halibut is incidental
  - Alaska State fish ticket number(s)
  - Species code and product code,
  - Product weight sold (lb), and
  - Product weight retained (lb)
- Registered Buyer signature, fax number, and contact number
- IFQ/CDQ hired master's signature
- NOAA Enforcement signature

Since the 2008 fishing season, NMFS Web and manual reporting have each slightly decreased, and reporting through eLandings has increased one percent. In 2008, reporting through eLandings jumped to 96 percent from 61 percent due to NMFS outreach through several statewide workshops. It is of note in 2009 that more users reported manually than with the NMFS Web. Although reporting methods have changed significantly in just a few years, some users will continue to depend on both manual and NMFS Web reporting. During 2009, Registered Buyers reported 7,338 vessel landings: 7,082 through IERS, 106 by the NMFS Web, and 150 manually.

Registered Buyer Landing Report, Respondent	
Estimated number of Registered Buyers	**476**
Total annual responses	**7,338**
IERS = 7082	
NMFS Web = 106	
Manual = 150	
Total Time burden = 2201.4	**2,201 hr**
Time per response = 18 min	
Total personnel cost = 2201 x $25	**$55,025**
Total miscellaneous cost = $1266.90	**$1,267**
IERS & Web (0.05 x 7188 = $359.40)	
Fax ($6 x 150 = $900)	
Photocopy fax (0.05 x 150 = $7.50)	

Registered Buyer Landing Report, Federal Government	
Total annual responses	**7,338**
Total Time burden = 6 x 150/60	**15 hr**
Time for each manual report = 6 min	
Total personnel cost = 15 x $25	**$375**
Total miscellaneous cost	**0**

l. IFQ Administrative Waiver

A waiver is completed by NOAA Fisheries Office of Law Enforcement (OLE), Juneau to document a request for an administrative waiver from one of the following requirements. The waiver is granted at the discretion of the clearing officer:

- Six-hour Prior of Notice of Landing
  Issued to a vessel to land fish before the required 6 hours

- 12-hour IFQ Landing Window
  Issued to a vessel that lands fish after hours: after 1800 and before 0600

- Electronic Landing Report requirement.
  Issued due to eLandings failure

- IFQ hired master onboard requirement.
  Issued for the IFQ hired master to not be on board in extreme personal emergencies

OLE receives a request for an administrative waiver by telephone at a NMFS-provided toll-free number (or, in rare cases, by marine radio) from participants in IFQ fisheries. No form exists for this waiver (the form included in this submission is a worksheet for the respondent).

IFQ Administrative Waiver
Toll-free telephone call to OLE; completed by OLE
Date and time of waiver
Vessel name and ADF&G vessel registration number
All IFQ permit numbers
Prior Notice confirmation number (if applicable)
Registered Buyer name and permit number (if applicable)
Requirement being waived.

IFQ Administrative Waiver, Respondent	
Estimated number of respondents	**800**
Total annual responses	**800**
Number of responses per year	
Total Time burden	**80 hr**
Time per response = 6 min	
Total personnel cost = 80 x $25	**$2,000**
Total miscellaneous cost	**0**

IFQ Administrative Waiver, Federal Government	
Total annual responses	**800**
Total Time burden	
Time per response = 6 min	**80 hr**
Total personnel cost = 80 x $25	**$2,000**
Total miscellaneous cost	**0**

o. Prior Notice of Landing (PNOL)

The operator of any vessel making an IFQ landing must submit a PNOL to OLE, Juneau, AK, no fewer than 3 hours before landing IFQ halibut, CDQ halibut, or IFQ sablefish, unless permission

to commence an IFQ landing within 3 hours of notification is granted by a clearing officer. The PNOL alerts the IPHC monitoring personnel and NOAA Fisheries Office for Law Enforcement (OLE) personnel to legal landings. In addition, the submittal of a PNOL

- allows monitoring personnel to query the IFQ data center to determine if the permit holder has enough IFQ pounds available in the account to cover the amount being landed, and

- to afford the opportunity to observe the offload.

Data on gear type are necessary to ensure compliance with the PNOL requirement, because some reporting exemptions are gear-based.

- Halibut. An IFQ landing of halibut of 500 lb or less of IFQ weight and concurrent with a legal landing of salmon harvested using hand troll gear or power troll gear is exempt from the PNOL;
- Lingcod. An IFQ landing of halibut of 500 lb or less of IFQ weight and concurrent with a legal landing of lingcod harvested using dinglebar gear is exempt from the PNOL.

IPHC uses gear type data to assist with harvest monitoring. NMFS and the Council use gear information to project bycatch rates for non-IFQ fish in the IFQ fishery and support analyses for seasonal apportionments and other allocation proposals.

The operator of any vessel wishing to make an IFQ landing before the date and time (A.l.t.) reported in the PNOL or later than 2 hours after the date and time (A.l.t.) reported in the PNOL must submit a new PNOL. No form exists for this item.

Prior notice of landing (PNOL)
Toll-free telephone call to OLE
- Vessel name and ADF&G vessel registration number
- Landing information
  - Port of landing and port code (Tables 14a and 14b to CFR part 679)
  - Exact location of landing within the port
    (dock name, harbor name, facility name, or geographical coordinates)
  - Date and time that the landing will take place
  - Species and estimated weight (lb) of IFQ halibut, CDQ halibut or IFQ sablefish to be landed
  - IFQ regulatory area(s) in which IFQ halibut, CDQ halibut, or IFQ sablefish were harvested
  - IFQ permit number(s) used to land the IFQ halibut, CDQ halibut, or IFQ sablefish
  - IFQ regulatory area(s) in which the IFQ halibut or IFQ sablefish were harvested;
- IFQ or CDQ permit number(s) that will be used to land the IFQ halibut or IFQ sablefish
- Gear type reported by the hired master

Each IFQ permit holder must submit a PNOL prior to landing. The number of IFQ permit holders is different from the number of permits; some people have multiple IFQ permits. Currently, there are approximately 2,977 active IFQ fishermen.

Prior notice of landing, Respondent	
Estimated number of respondents	**2,977**
Total annual responses	**11,908**
Number of responses per year = 4	
Total Time burden = 2381.60	**2,382 hr**
Time per response = 12 min	
Total personnel cost = 2382 x $25	**$59,550**
Total miscellaneous cost	**0**

Prior notice of landing, Federal Government	
Total annual responses	**11,908**
Total Time burden = 2381.60	**2,382 hr**
Time per response = 12 min	
Total personnel cost = 2382 x $25	**$59,550**
Total miscellaneous cost	**0**

q. IFQ Departure Report

The IFQ Departure Report is submitted only after completion of all IFQ fishing and prior to departing the waters of the EEZ adjacent to the jurisdictional waters of the State of Alaska, the territorial sea of the State of Alaska, or the internal waters of the State of Alaska. If intending to make an IFQ landing at any location other than in an IFQ regulatory area or in the State of Alaska, the vessel operator must submit an IFQ Departure Report to OLE by toll-free telephone.

A vessel operator submitting an IFQ Departure Report

- for CR crab must have a Registered Crab Receiver permit;
- for IFQ halibut, CDQ halibut, or IFQ sablefish must have a Registered Buyer permit and must submit IFQ landing reports for all IFQ halibut, CDQ halibut, and IFQ sablefish on board at the same time and place as the first landing of any IFQ halibut, CDQ halibut, or IFQ sablefish.

A vessel operator who intends to make an IFQ landing at a location different from the location named on the IFQ Departure report must submit a revised report naming the new location at least 12 hours in advance of the offload. Revisions must be submitted by telephone, to OLE, Juneau, AK (800-304-4846 or 907-586-7163) between the hours of 0600 hours, Alaska local time (A.l.t.), and 2400 hours, A.l.t.

IFQ Departure report

Intended date, time (Alaska local time), and location of landing
Vessel name and ADF&G vessel registration number
Halibut IFQ, halibut CDQ, sablefish IFQ, and CR crab permit numbers of IFQ and CDQ permit holders on board
Vessel operator's name
Registered Buyer permit or Registered Crab Receiver permit number
Area of harvest.
If IFQ or CDQ halibut, provide halibut regulatory areas (Figure 15 to 50 CFR part 679)
If IFQ sablefish, provide sablefish regulatory areas (Figure 14 to 50 CFR part 679)
If CR crab, provide CR fishery code (Table 1 to part 680)
Estimated total weight as appropriate of IFQ halibut, CDQ halibut, IFQ sablefish, or CR crab on board (lb/kg/mt).

IFQ Departure Report, Respondent	
Estimated number of respondents	**75**
Total annual responses	**75**
Number of responses = 1	
Total Time burden = 18.75	**19 hr**
Time per response = 15 min	
Total personnel cost = 19 x $25	**$475**
Total miscellaneous cost	**0**

IFQ Departure Report, Federal Government	
Total annual responses	**75**
Total Time burden = 18.75	**19 hr**
Time per response = 15 min	
Total personnel cost = 19 x $25	**$475**
Total miscellaneous cost	**0**

r. Transshipment Authorization

No person may transship processed IFQ halibut, CDQ halibut, IFQ sablefish, or CR crab between vessels without authorization by a local clearing officer. Authorization from a local clearing officer must be obtained for each instance of transshipment at least 24 hours before the transshipment is intended to commence.

The authorization is requested from OLE by telephone at 800-304-4846. The request must be made at least 24 hours before the transshipment is intended to commence.

To obtain a Transshipment Authorization, the vessel operator must provide the following information to the clearing officer.

Transshipment authorization

Time and date of transshipment
Location of transshipment
Name and ADF&G vessel registration number of vessel offloading transshipment
Name of vessel receiving the transshipment
Product destination
Species code and product type code
Total product weight
Time (A.l.t.) and date of request
Name, telephone number, fax number for person making the request

Transshipment Authorization, Respondent	
Estimated number of respondents	**20**
Total annual responses	**20**
Number of responses per year = 1	
Total Time burden	**4 hr**
Time per response = 12 min	
Total personnel cost = 4 x $25	**$100**
Total miscellaneous cost	**0**

Transshipment Authorization, Federal Government	
Total annual responses	**20**
Total Time burden	**4 hr**
Time per response = 12 min	
Total personnel cost = 4 x $25	**$100**
Total miscellaneous cost	**0**

s. Dockside sales receipt

The purpose of reporting the amount of IFQ fish involved in a dockside sale is to provide OLE with the ability to monitor and inspect the shipment of IFQ fish to determine whether there was proper accounting for all IFQ fish landed.

A person holding a valid IFQ permit, or IFQ hired master permit, and a Registered Buyer permit may conduct a dockside sale of IFQ halibut or IFQ sablefish with a person who has not been issued a Registered Buyer permit after all IFQ halibut and IFQ sablefish have been landed and reported.

A person holding a valid halibut CDQ hired master permit and Registered Buyer permit may conduct a dockside sale of CDQ halibut with a person who has not been issued a Registered Buyer permit after all CDQ halibut have been landed and reported.

A Registered Buyer conducting dockside sales must issue a receipt to each individual receiving IFQ halibut, CDQ halibut, or IFQ sablefish in lieu of a product transfer report (see OMB Control No. 0648-0213).

Dockside sales receipt

Date of sale
Registered buyer permit number
Weight by product of the IFQ halibut, CDQ halibut, or sablefish IFQ transferred

Dockside Sales Receipt, Respondent	
Estimated number of respondents	**250**
Total annual responses	**1,250**
Number of responses per year = 5	
Total Time burden	**125 hr**
Time per response = 6 min	
Total personnel cost = 125 x $25	**$3,125**
Total miscellaneous cost	**0**

Dockside Sales Receipt, Federal Government	
Total annual responses	**0**
Total Time burden	**0**
Total personnel cost	**0**
Total miscellaneous cost	**0**

t. CQE Annual Reports [REMOVED]

CQE annual reports are required to be submitted to NMFS and the governing body of the community that the CQE represents. These annual reports serve as a means of tracking the progress of the CQEs that have received LLP licenses and to assess whether the issuance of LLP licenses is meeting the overall goal of providing its residents access to the Pacific cod resource. The Council requested that the CQE provide information in its annual reports describing the use of LLP licenses during a calendar year.

This requirement is moved to OMB Control No. 0648-0334, Alaska License Limitation Program for Groundfish, Crab, and Scallops, due to the Gulf of Alaska Fishery Management Plan Amendment 66, where it will be used for tracking activity related to licenses issued to CQEs.

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 Question 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.

Forms and applications are "fillable" on the computer screen at the NMFS Alaska Region Home Page at www.alaskafisheries.noaa.gov, except for those forms completed by OLE officers via the telephone. These forms and applications may be completed on the computer screen by the participant, downloaded, printed, and faxed or mailed 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.

NMFS has defined all IFQ halibut vessels as small businesses, for the purpose of this analysis. 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 IFQ Program would be unable to proceed.

The lack of adequate information to manage the IFQ program would result in the fishery management decision-making process being less objective, more political, and potentially less equitable. This would decrease the credibility of the fishery management process and result in an unnecessarily costly and ineffective management system. The cost of making decisions based on inadequate information would adversely affect the viability of the IFQ fishing industry.

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

NA.

8. Provide information on 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.

A Federal Register notice, published April 29, 2011 (76 FR 23993), solicited public comments on the information collection. No comments were received.

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 section 402(b)) of the Magnuson-Stevens Act (16 U.S.C. 1801 *et seq*.); and also under NOAA Administrative Order (AO) 216-100, which sets forth procedures to protect confidentiality of fishery statistics. Assurance of confidentiality under these authorities is stated on all forms.

A Privacy Act System of Records Notice, COMMERCE/NOAA System-19, Permits and Registrations for United States Federally Regulated Fisheries, was published in the Federal Register on April 17, 2008 (73 FR 20914).

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.

This information collection does not involve information of a sensitive nature.

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

Estimated total respondents: 1,686 (470 entities eligible to receive QS or IFQ by transfer, 750 hired masters, 445 registered buyers, and 21 CQEs), down from 2,470. Estimated total responses: 24,798, down from 49,547. Estimated total burden hours: 9,946 hr, down from 20,263. Estimated total personnel costs: $423,650, down from $704,700. Personnel labor costs are estimated to the average wage equivalent to a GS-9 employee in Alaska, including COLA, at $25 per hour.

13. <u>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 Question 12 above)</u>.

Estimated total miscellaneous costs: $13,486 down from $38,446, for recordkeeping and recording costs.

14. <u>Provide estimates of annualized cost to the Federal government</u>.

Estimated total responses: 23,548, down from 48,370. Estimated total burden hours: 4,316 hr, down from 8,169 hours. Estimated total personnel costs: $108,100, down from $204,875. Personnel labor costs are estimated to the average wage equivalent to a GS-9 employee in Alaska, including COLA, at $25 per hour.

15. <u>Explain the reasons for any program changes or adjustments</u>.

Program changes: removal of duplicative forms/information collections and changes to notarization requirements

<u>IFQ/CDQ hired master permit application</u>

a decrease of $2,564 miscellaneous costs, $1,239 instead of $3,803, due to removal of notarization requirement

<u>Application of Transfer from Governing Body [REMOVED]</u>

a decrease of 20 respondents, 0 instead of 20
a decrease of 40 responses, 0 instead of 40
a decrease of 20 hr burden, 0 instead of 20 hr
a decrease of $500 personnel costs, $0 instead of $500
a decrease of $20 miscellaneous costs, $0 instead of $20

<u>Appeals for Military Transfer [REMOVED]</u>

a decrease of 1 respondents and responses, 0 instead of 1
a decrease of 4 hr burden, 0 instead of 4 hr
a decrease of $100 personnel costs, $0 instead of $100
a decrease of $1 miscellaneous costs, $0 instead of $1

<u>Appeals for Emergency Medical Transfer [REMOVED]</u>

a decrease of 1 respondents and responses, 0 instead of 1
a decrease of 4 hr burden, 0 instead of 4 hr
a decrease of $100 personnel costs, $0 instead of $100
a decrease of $1 miscellaneous costs, $0 instead of $1

<u>QS/IFQ Designated Beneficiary Form</u>

an increase of $2,465 miscellaneous costs, $2,770 instead of $305, due to notarization now being required

<u>Application for replacement of certificates, permits, or licenses</u>

a decrease of $2,842 miscellaneous costs, $189 instead of $3,031, due to removal of notarization requirement

CQE Annual Report [REMOVED; see OMB Control No. 0648-0334]

a decrease of 20 respondents and responses, 0 instead of 20
a decrease of 800 hr burden, 0 instead of 800 hr
a decrease of $40,000 personnel costs*, $0 instead of $40,000
a decrease of $120 miscellaneous costs, $0 instead of $120

Total net changes (decreases) due to program changes: 62 responses, 828 hours, $40,700 in personnel costs and $3,083 in miscellaneous costs.

*For annual report, personnel costs were $50 per hour

Adjustments are necessary as follows due to differences in numbers of respondents, in miscellaneous costs, and response times:

IFQ/CDQ Hired Master Permit Application

an increase of 125 hours, 375 instead of 250 (responses are the same; response time estimate changed)

Application for Eligibility to receive QS/IFQ (TEC)

a decrease of 730 respondents and responses, 470 instead of 1,200
a decrease of 1,460 hr burden, 940 instead of 2,400 hr
a decrease of $36,500 personnel costs, $23,500 instead of $60,000
a decrease of $3,985 miscellaneous costs, $2,627 instead of $6,612

QS holder form: Identification of Ownership Interest

a decrease of 9 respondents and responses, 166 instead of 175
a decrease of 18 hr burden, 332 instead of 350 hr
a decrease of $450 personnel costs, $8,300 instead of $8,750
a decrease of $44 miscellaneous costs, $920 instead of $964

Registered buyer permit application

a decrease of 55 respondents and responses, 445 instead of 500
a decrease of 27 hr burden, 223 instead of 250 hr
a decrease of $675 personnel costs, $5,575 instead of $6,250
an increase of $119 miscellaneous costs, $374 instead of $255

Application to become a CQE

an increase of 14 respondents, 21 instead of 7 (correction)
an increase of $12 miscellaneous costs, $56 instead of $44

Application for Transfer of QS/IFQ to or from a CQE

an increase of 1 respondent, 21 instead of 20
an increase of 2 responses, 42 instead of 40
an increase of 4 hr burden, 84 instead of 80 hr
an increase of $100 personnel costs, $2,100 instead of $2,000
an increase of $13 miscellaneous costs, $237 instead of $224

Application for Transfer of QS/IFQ

a decrease of 407 respondents and responses, 603 instead of 1,010
a decrease of 814 hr burden, 1,206 instead of 2,020 hr
a decrease of $20,350 personnel costs, $30,150 instead of $50,500
a decrease of $2,467 miscellaneous costs, $3,401 instead of $5,868

Application for Emergency Medical Transfer

an increase of 65 respondents and responses, 70 instead of 5
an increase of 130 hr burden, 140 instead of 10 hr
an increase of $3,250 personnel costs, $3,500 instead of $250
an increase of $358 miscellaneous costs, $388 instead of $30

Letter of Appeal

a decrease of 1 respondents and responses, 1 instead of 2
a decrease of 4 hr burden, 4 instead of 8 hr
a decrease of $100 personnel costs, $100 instead of $200

Application for replacement of certificates, permits, or licenses

a decrease of 200 respondents and responses, 350 instead of 550
a decrease of 100 hr burden, 175 instead of 275 hr
a decrease of $2,500 personnel costs, $4,375 instead of $6,875

Registered Buyer Landing Report

a decrease of 1,774 respondents, 476 instead of 2,250
a decrease of 26,412 responses, 7,338 instead of 33,750
a decrease of 7,924 hr burden, 2,201 instead of 10,125 hr
a decrease of $198,100 personnel costs, $55,025 instead of $253,125
a decrease of $15,883 miscellaneous costs, $1,267 instead of $17,150

IFQ Administrative Waiver

an increase of 55 respondents and responses, 800 instead of 745
an increase of 5 hr burden, 80 instead of 75 hr
an increase of $125 personnel costs, $2,000 instead of $1,875

IFQ Prior Notice of Landing (PNOL)

an increase of 727 respondents, 2,977 instead of 2,250
an increase of 2,908 responses, 11,908 instead of 9,000
an increase of 582 hr burden, 2,382 hr instead of 1,800
an increase of $14,550 personnel costs, $59,550 instead of $45,000

Departure Report

an increase of 12 respondents and responses, 75 instead of 63
an increase of 3 hr burden, 19 instead of 16 hr
an increase of $75 personnel costs, $475 instead of $400

Transshipment Authorization

an increase of 10 respondents and responses, 20 instead of 10
an increase of 2 hr burden, 4 hr instead of 2 hr
an increase of $50 personnel costs, $100 instead of $50

Dockside Sales Receipt

an increase of 15 respondents, 250 instead of 235
an increase of 75 responses, 1,250 instead of 1,175
an increase of 7 hr burden, 125 hr instead of 118 hr
an increase of $175 personnel costs, $3,125 instead of $2,950

Total net changes due to adjustments (decreases): 24,687 responses, 9,489 hours, of $240,350 in personnel costs and 21,877 in miscellaneous costs.

Total net changes in the entire collection: 784 fewer unduplicated respondents, 24,749 fewer responses, 10,317 fewer hours, $281,050 less in personnel costs and $24,960 less in miscellaneous costs.

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.

The OMB Control Number and the expiration date are not found on the Administrative Waiver, PNOL, Departure Report, Transshipment Authorization, and Dockside Sales Receipt, which are submitted by telephone.

18. Explain each exception to the certification statement.

Not applicable.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.

APPLICATION FOR TRANSFER OF QS/IFQ

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service (NMFS)
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668
(800) 304-4846 toll free, (907) 586-7202 in Juneau
(907) 586-7354 fax

NOTE: Submit a separate application for each Quota Share (QS) or IFQ Transfer.
If you want to do a self sweep-up (combine) , please use the self sweep-up form.

ATTACHMENT CHECKLIST

Use this list to ensure your application is complete. Incomplete applications will not be processed.

[ ] Completed, signed, and notarized application

[ ] Copy of signed & notarized sales agreement

[ ] Documentation for Authorized Representative (if applicable)

[ ] Transfer of IFQ (Category "A" Shares, Surviving Spouse Lease): Copy of permit

BLOCK A – IDENTIFICATION OF TRANSFEROR (SELLER)

1. Name:	2. NMFS Person ID:
	3. Date of Birth:

4. Business Mailing Address [ ] Permanent [ ] Temporary:

5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address (if available):

BLOCK B – IDENTIFICATION OF TRANSFEREE (BUYER)

1. Does the Transferee hold a Transfer Eligibility Certificate (TEC)? [ ] YES or [ ] NO

2. Name:	3. NMFS Person ID:
	4. Date of Birth:

5. Permanent Business Mailing Address [ ] Permanent [ ] Temporary

7. Business Telephone Number:	8. Business Fax Number:	9. E-mail address (if available):

BLOCK C – QS QUESTIONS FOR TRANSFEREE
1. Do you request that this QS be included in a **sweep up**, if possible? [ ] YES [ ] NO 2. **If YES**, list the QS Group Number on the QS Holder Summary Report into which this new piece should be combined. _____
3. If this is transfer of Catcher Vessel CDQ Compensation QS and the vessel category has never been declared, check the Catcher Vessel Category in which you would like to have your QS issued: [ ] "**D**" (0' to 35' Length Over All) [ ] "**C**" (36' to 60' Length Over All) [ ] "**B**" (greater than 60' Length Overall)

BLOCK D - IDENTIFICATION OF QS AND IFQ TO BE TRANSFERRED ***Complete Block D if QS and IFQ are to be transferred together or if you want to transfer QS only.***		
1. [ ] Halibut or [ ] Sablefish	2. IFQ Regulatory Area:	
3. Vessel Category:	4. Number of QS Units to be Transferred:	5. Transferor IFQ Permit Number:
6. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report):		
7. Do you want all remaining pounds for the current fishing year transferred? YES [ ] NO [ ] **If NO**, specify the number of pounds to be transferred: _____ ♦ Pounds transferred include a pro-rata share of **any overage** based on the QS units held or transferred and is non-negotiable. ♦ Pounds transferred include a pro-rata share of **any underage** based on the QS held and transferred UNLESS OTHERWISE INSTRUCTED.		

BLOCK E - TRANSFER OF IFQ ONLY ***Complete this Block if you want to Transfer IFQ Only (Applies only to Category "A" & Surviving Spouse IFQ)***		
1. [ ] Halibut or [ ] Sablefish	2. IFQ Regulatory Area:	3. Number of Units:
4. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report):		
5. Actual Number of IFQ Pounds:	6. Transferor IFQ Permit Number:	7. Fishing Year: 20_____

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

BLOCK F – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. Give the price per pound (including leases) $ _____ / # IFQ (Price divided by IFQ pounds) Including fees
   Give the price per unit of QS $ _____ / Unit of QS (Price divided by QS Units)

2. What is the **total amount** paid for the QS/IFQ in this transaction, including all fees? _____

3. What are your reasons for transferring the QS/IFQ? *(check all that apply)*
   [ ] Retirement from Fisheries [ ] Shares Too Small to Fish [ ] Consolidation of Shares
   [ ] Pursue Non-Fishing Activities [ ] Trading Shares [ ] Enter other Fisheries
   [ ] Health Problems [ ] Other (explain): _____

4. Is there a broker being used for this transaction? YES [ ] NO [ ]
   If YES, how much is being paid in brokerage fees? $ _____ or _____ % of total price.

BLOCK G – REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION

1. Will the QS/IFQ being purchased have a lien attached? YES [ ] NO [ ]
   If YES, name of lien holder: _____

2. What is the primary source of financing for this transfer (*check one*)? [ ] Received as a Gift
   [ ] Personal Resources (cash) [ ] AK Com. Fish & Ag. Bank [ ] NMFS Loan Program
   [ ] Private Bank/Credit Union [ ] Transferor/Seller [ ] Processor/Fishing Company
   [ ] Alaska Dept. Of Commerce [ ] Other (explain): _____

3. How was the QS/IFQ located (*check all that apply*)?
   [ ] Relative [ ] Advertisement / Public Notice [ ] Broker
   [ ] Personal Friend [ ] Other (explain): _____

4. What is the Buyer's relationship to the QS/IFQ Holder (*check all that apply*)?
   [ ] Unrelated [ ] Family Member [ ] Business Partner [ ] Friend
   [ ] Other (explain): _____

5. Is there an agreement to return the QS or IFQ to the Transferor, or any other person, or a condition placed on resale?
   YES [ ] NO [ ]
   If YES, please explain: _____
   _____

BLOCK H – CERTIFICATION OF TRANSFEROR ***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.*	
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 or Authorized Representative:	2. Date:
3. Printed Name Transferor or Authorized Representative **Note:** If representative, attach authorization:	
4. Notary Public Signature: **ATTEST**	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

BLOCK I – 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 presented here is true, correct, and complete.	
1. Signature of Transferee or Authorized Representative:	2. Date:
3. Printed Name Transferee or Authorized Representative **Note:** If representative, attach authorization:	
4. Notary Public Signature: **ATTEST**	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2.0 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, Alaska Region, 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 as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

INSTRUCTIONS
APPLICATION FOR TRANSFER OF QS/IFQ

Any person that received Quota Share/Individual Fishing Quota (QS/IFQ) as an Initial Issue or that holds a Transfer Eligibility Certificate (TEC) is eligible to receive QS/IFQ by transfer. A transferee that does not have a TEC will need to contact RAM for instructions on eligibility procedures and a TEC application form.

An Application for Transfer of Quota Share/Individual Fishing Quota (QS/IFQ) must be approved by the NMFS Regional Administrator before a person may use IFQ that results from a direct transfer to harvest IFQ halibut or IFQ sablefish.

IFQ resulting from category B, C, or D QS may not be transferred separately from its originating QS, except as provided in 50 CFR 679.41(k).

The IFQ program does not permit transfer of QS subject to any conditions of repossession or resale to the transferor except by court order, operation of law, or security agreement.

GENERAL INFORMATION

Some general rules pertain, as follows:

- Please submit a separate application for each proposed QS or IFQ transfer.
- Complete the entire application, and include all attachments; failure to do so could result in delays in the processing of your application.
- Please insure that signatures on the application are original and are notarized. RAM will not process an application that does not bear original signatures (faxed applications will be returned). All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress). The Notary Public cannot be the person(s) submitting this application.

If you want to apply for a "self sweep-up," please use the *Self Sweep-Up Form*.

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

When completed, mail the original application form to:

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

or deliver to:

Room 713, Federal Building
709 West 9th Street
Juneau, AK 99801

If you need additional information:

Call RAM: **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**

E-Mail Address: RAM.Alaska@noaa.gov

Web Site: https://alaskafisheries.noaa.gov

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.

COMPLETING THE APPLICATION

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.

ATTACHMENT CHECKLIST

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.

BLOCK A – IDENTIFICATION OF TRANSFEROR (SELLER)

1. Full name as it appears on QS Holder Summary Report and/or TEC.

2. NMFS Person ID: As found on QS Holder Summary Report or TEC.

3. Date of Birth.

4. Business Mailing Address. Indicate whether permanent or temporary. Include street or P.O. Box number, city, state, and zip code. Use a temporary address to send transfer documentation somewhere other than to the permanent address.

6-8. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

BLOCK B – IDENTIFICATION OF TRANSFEREE (BUYER*)*

1. Indicate whether the Transferee hold a Transfer Eligibility Certificate (TEC).
   If NO, this transfer cannot continue.

2. Full name as it appears on QS Holder Summary Report and/or TEC.

3. NMFS Person ID: As found on QS Holder Summary Report or TEC.

4. Date of Birth.

5. Business Mailing Address. Indicate whether permanent or temporary. Include street or P.O. Box number, city, state, and zip code. Use a temporary address to send transfer documentation somewhere other than to the permanent address.

6-8. Business Telephone Number, Business Fax Number, and Business E-mail address (if available

BLOCK C – QS QUESTIONS FOR TRANSFEREE

1. Indicate if you wish to combine ("sweep up") the transferred block together with a block you already hold. Blocked QS's may be swept up into one block if the total amount of QS being combined is less than or equal to the following amounts of QS units per area.

Halibut		Sablefish	
Area	**Units**	**Area**	**Units**
2C	33,320	SE	33,270
3A	46,520	WY	43,390
3B	44,193	CG	46,055
4A	22,947	WG	48,410
4B	15,087	AI	99,210
4C	30,930	BS	91,275
4D	26,082		

2. QS Group Number

3. If this is a transfer of Catcher Vessel CDQ compensation QS, there is a **one time** opportunity at the time of the first transfer to **permanently** designate the catcher vessel category of the QS being transferred. CDQ compensation QS is QS issued as compensation for halibut and sablefish harvest privileges foregone due to the CDQ Program

   Persons issued CDQ compensation QS in a catcher vessel category and in an IFQ regulatory area in which they do not hold QS other than CDQ compensation QS, may use that CDQ compensation QS on any catcher vessel. This exemption from catcher vessel categories ends upon the first transfer of the CDQ compensation QS. CDQ compensation QS being transferred will be permanently assigned to a specific catcher vessel category as designated by the person receiving the transfer.

BLOCK D - IDENTIFICATION OF QS AND IFQ TO BE TRANSFERRED

Complete this block if you are transferring QS and the IFQ resulting from these shares. Persons wishing to transfer IFQ only (Category "A" shares, lease), should fill out Block E.

1. Species: halibut or sablefish
2. IFQ Regulatory Area
3. Vessel Category
4. Number of units to be transferred
5. Transferor IFQ permit number
6. Starting and ending serial number of shares to be transferred
   [For example, **H-2C-C-B-123,456** THROUGH **H-2C-C-B-789,493**]
7. A **specific number of pounds** must be indicated for each transfer. A pro-rata amount of IFQ **(overage pounds)** will be debited from any IFQ transferred based on the QS unit held or transferred. The current QS holder may retain **underage pounds**. However, unless otherwise specified, the underage associated with the QS will be transferred. Please indicate your specific intention.

BLOCK E - TRANSFER OF IFQ ONLY

Complete this box if IFQ pounds only are being transferred (leased) and the QS will remain with the current holder of those shares. Only Category "A" or those shares received as a Surviving Spouse under the provisions in 50 CFR 679 may be transferred in this manner.

1. Species: halibut or sablefish
2. IFQ Regulatory Area
3. Number of units to be transferred
4. Starting serial number to the ending serial number of shares to be transferred
5. Specific number of pounds being transferred
6. Transferor's IFQ permit number
7. The fishing year is the current year or year in which IFQ should be transferred. A transfer of IFQ only cannot be completed until the IFQ has been awarded for that year.

BLOCK F - REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. The price per pound of IFQ must be entered, including IFQs **only** "leased". (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 **<u>or</u>** 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.

3. Please check all boxes that apply to this transaction.

4. Are you paying a third party to assist with this transaction?
   If NO, go to question #2.
   If YES, put the total price paid to the broker or calculate how much was paid to the third party as a percentage of the total sale price. (The percentage can be derived by using this formula: divide the brokerage fee by the total price paid for the QS/IFQ, then multiply the result by 100.)

BLOCK G - REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION

1. Indicate whether the QS/IFQ will have a lien attached (used as collateral). **If YES**, provide the name of the lien holder. This name will appear on the QS Certificate.
2. Indicate the primary source of financing for this transfer (check one).
3. Explain how the QS/IFQ was located (check all that apply).
4. Indicate Transferee's relationship to the QS/IFQ holder (check all that apply).
5. Indicate whether there is an agreement to return the QS or IFQ to the Transferor, or any other person, or a condition placed on resale. **If YES**, please explain.

BLOCK H – CERTIFICATION OF TRANSFEROR

Printed name and signature of Transferor and date signed
If authorized representative, **attach** authorization
Signature, commission expiration date, and stamp of notary

BLOCK I – CERTIFICATION OF TRANSFEREE

Printed name and signature of Transferor and date signed
If authorized representative, **attach** authorization
Signature, commission expiration date, and stamp of notary

APPLICATION FOR TRANSFER OF QS/IFQ TO OR FROM A COMMUNITY QUOTA ENTITY

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service (NMFS)
Restricted Access Management Program (RAM)
P.O. Box 21668
Juneau, AK 99802-1668
(800) 304-4846 toll free / 586-7202 in Juneau
(907) 586-7354 fax

This form is only used by a Community Quota Entity (CQE) who is the proposed transferor ("seller") or the proposed transferee ("buyer") of the Quota Share (QS) or Individual Fishing Quota (IFQ). The transferee seeking to transfer the QS/IFQ must hold a Transfer Eligibility Certificate (TEC). If the CQE is applying to permanently transfer QS, a representative of the community on whose behalf the QS is held must sign the application.

BLOCK A – IDENTIFICATION OF PROPOSED TRANSFEROR (SELLER OR LESSOR)		
1. Name:		2. NMFS Person ID:
3. Name of Community represented by the CQE:		
4. Business Mailing Address [ ] Permanent [ ] Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail address *(if available)*:

BLOCK B – IDENTIFICATION OF PROPOSED TRANSFEREE (BUYER OR LESSEE)		
1. Name:		2. NMFS Person ID:
3. Name of Community represented by the CQE:		
4. Permanent Business Mailing Address [ ] Permanent [ ] Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address (if available):

BLOCK C – QS QUESTIONS FOR TRANSFEREE

1. Do you request that this QS be included in a **sweep up**, if possible? YES [ ] NO [ ]

   If YES, list the identifier on the QS Certificate into which this new piece should be combined
   (Example: H-2C-B-B-123,456,789 through H-2C-B-B-123,458,789)

   From: ___ - _____ - _____ - ____ - _____ to ___ - _____ - _____ - ____ - _____

   (**Reminder**: For sweep-up, **attach** the original QS Certificates of both the transferor and the transferee)

2. If this is a transfer of Catcher Vessel CDQ Compensation QS and the vessel category has never been declared, check the Catcher Vessel Category in which you would like to have your QS issued.

[ ] "**D**" (0' to 35' Length Over All) [ ] "**C**" (36' to 60' Length Over All) [ ] "**B**" (greater than 60' Length Overall)

BLOCK D -- IDENTIFICATION OF QS/IFQ TO BE TRANSFERRED

(Complete Block D if QS and IFQ are to be transferred together or if you are applying to transfer QS only)

1. Quota Share to be transferred: Total QS Units: _____

   Designation of QS, as shown on the QS Certificate:

   From: ___ - ___ - ___ - ___ - _____ to ___ - ___ - ___ - ___ - _____

2. Are all remaining pounds for the current fishing year to be transferred? YES [ ] NO [ ]

   If **NO**, specify the number of pounds to be transferred: _____

   Notes:
   - **Pounds transferred includes a pro-rata share of any overage based on the QS units held or transferred and is non-negotiable.**
   - **Pounds transferred includes a pro-rata share of any underage based on the QS held or transferred UNLESS OTHERWISE INSTRUCTED**

BLOCK E -- TRANSFER OF IFQ ONLY (LEASE OF IFQ)

(Pertains only to transfer from a CQE to a qualifying community members)

1. Identification of IFQ to be transferred: Permit Number: _____ Year: 20_____.
2. Identification of IFQ to be transferred: Permit Number: _____ Year: 20_____.
3. Community to which QS are currently assigned: _____

BLOCK F - REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. Indicate the reason(s) you are proposing this transfer
(*check all that apply and provide a brief explanation on a separate sheet*)

[ ] CQE Management and Administration [ ] Participation by Community residents

[ ] Fund additional QS purchase [ ] Dissolution of Community Quota Entity

[ ] Other *(specify)* _____

2. Give the price per pound *(including leases)*: $_____ /# of IFQ *(Price divided by IFQ pounds)* including fees

Give the price per unit of QS: $_____ /Unit of QS *(Price divided by QS Units)*

3. What is the **total amount** being paid for the QS/IFQ in this transaction, including all fees?: $_____

4. Is there a broker being used for this transaction?: YES [ ] NO [ ]

If YES, how much is being paid in brokerage fees?: $ _____or_____ % of total price.

5. What are your reasons for transferring the QS/IFQ? *(check all that apply)*:

[ ] Retirement from fisheries [ ] Shares too small to fish [ ] Consolidation of shares

[ ] Pursue non-fishing activities [ ] Trading shares [ ] Other (please explain):

[ ] Health problems [ ] Enter other fisheries _____

BLOCK G -- REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION

1. Will the QS/IFQ being purchased have a lien attached?: YES [ ] NO [ ]

If YES, name of lien holder_____

2. **If YES**, please identify the person who will hold the lien: _____

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

[ ] Personal resources (cash) [ ] AK Com. Fish & Ag. Bank [ ] Received as a gift

[ ] Private bank/credit union [ ] Transferor/seller [ ] NMFS loan program

[ ] Alaska Dept. Of Commerce [ ] Processor/fishing company

[ ] Other (explain): _____

4. How was the QS/IFQ located *(check all that apply)*?

[ ] Relative [ ] Advertisement/Public Notice [ ] Broker [ ] Personal Friend

[ ] Other (*explain)* _____

5. What is your relationship to the Transferor *(check all that apply)*?

[ ] No relationship [ ] Business partner [ ] CQE Community Member

[ ] Other *(explain)* _____

6. Is there an agreement to return the QS or IFQ to the Transferor, or any other person, or a condition placed on resale?

YES [ ] NO [ ]

If YES, please explain: _____

BLOCK H -- CERTIFICATION OF TRANSFEROR	
Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.	
1. Signature of proposed transferor or authorized representative:	2. Date:
3. Printed name of transferor or authorized representative ***(Note:*** *If representative,attach authorization)*	
4. **ATTEST** *(Signature of Notary Public)*:	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

BLOCK I -- CERTIFICATION OF TRANSFEREE	
Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete. Also, if I am only receiving IFQ, I further swear, or affirm, that I am a permanent resident of the community *(listed in Block B)* on whose behalf the CQE is proposing to transfer the IFQ, that I have been a resident for at least 12 months, and that I intend to remain a resident.	
1. Signature of transferee or authorized representative:	2. Date:
3. Printed name of transferee or authorized representative ***(Note:*** *If representative, attach authorization)*	
4. **ATTEST** *(Signature of Notary Public)*:	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

BLOCK J -- CERTIFICATION OF CQE COMMUNITY REPRESENTATIVE ***(Required only when CQE proposes to permanently transfer Quota Share)***	
I am a duly authorized representative of the community *(listed in Block A or Block B)* on whose behalf the CQE is proposing to transfer QS; by my signature below, I attest that the applicant CQE has the approval of our community to complete this permanent QS transfer, for the reasons set out on this application.	
1. Signature of Community Representative:	2. Date:
3. Printed name and title Community Representative:	
4. **ATTEST** *(Signature of Notary Public)*:	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

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, Alaska Region, 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) The information collected is confidential under section 402(b) of the Magnuson-Stevens Act, as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

INSTRUCTIONS

APPLICATION TO TRANSFER QS/IFQ TO OR FROM A COMMUNITY QUOTA ENTITY (CQE)

NOTE: use this application only to apply for a transfer of QS or IFQ **to or from a CQE**; if a CQE is not a party to the proposed transfer, another application form must be used.

NOTE: any party that will receive the transfer of QS/IFQ must hold a Transfer Eligibility Certificate (TEC).

National Marine Fisheries Service Alaska Region (NMFS), Restricted Access Management (RAM) Program administers the halibut and sablefish Individual Fishing Quota (IFQ) Program. Transfers of all Quota Share (QS) and its associated annual IFQ must be approved, in advance, by RAM.

The IFQ Program provides opportunities for small communities located on the coast of the Gulf of Alaska to hold, and to fish, QS and IFQ. Such communities are represented by a Community Quota Entity (CQE). A CQE may not hold QS in halibut IFQ regulatory areas 2C or 3A that is assigned to vessel category D. IFQ derived from QS held by a CQE on behalf of an eligible community may be used only by a resident of that eligible community.

A CQE may transfer QS:

- To generate revenues to provide funds to meet administrative costs for managing the community QS holdings;
- To generate revenue to improve the ability of residents within the community to participate in the halibut and sablefish IFQ fisheries;
- To generate revenue to purchase QS to yield IFQ for use by community residents;
- To dissolve the CQE; or
- As a result of a court order, operation of law, or as part of a security agreement.

If the application is requesting permanent transfer of QS from a CQE to another party, the application must be signed by a representative of the community for whom the CQE holds the QS.

GENERAL INFORMATION

Some general rules pertain, as follows:

- Please submit a separate application for each proposed QS or IFQ permit transfer.
- Complete the entire application, and include all attachments; failure to do so could result in delays in the processing of your application.
- Please insure that signatures on the application are original and are notarized. RAM will not process an application that does not bear original signatures (faxed applications will be returned). All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).

When completed, submit application

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

or deliver to: **709 West 9th Street, Room 713**
Juneau, AK 99801

Submit an original application only; an application submitted by fax will not be processed.

If you need additional information:

Call RAM: **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**

E-Mail Address: RAM.Alaska@noaa.gov

Web Site: https://alaskafisheries.noaa.gov

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery. **Allow at least ten working days** for your application to be processed. Without exception, RAM processes applications in the order in which they are received.

COMPLETING THE APPLICATION

BLOCK A – IDENTIFICATION OF TRANSFEROR *(SELLER OR LESSOR)*

1. Legibly print or type the name of the transferor; this is the full name as it appears on the QS Certificate or the TEC.
2. Enter the NMFS Person ID *(as set out on the QS Certificate or the TEC)*
3. Enter the name of the community on whose behalf the CQE is applying.
4. Enter the permanent business mailing address.
5. If appropriate, enter the temporary business mailing address *(the address to which the transfer documentation should be sent, if different from the permanent address).*

6-8. Enter business telephone number, business fax number, and e-mail address *(if available).*

BLOCK B – IDENTIFICATION OF TRANSFEREE (BUYER OR LESSEE)

1. Legibly print or type the name of the transferee
2. Enter the NMFS Person ID *(as set out on the QS Certificate or the TEC)*
3. Enter the name of the community represented by the CQE.
4. Enter the permanent business mailing address.
5. If appropriate, enter the temporary business mailing address *(the address to which the transfer documentation should be sent, if different from the permanent address).*

6-8. Enter business telephone number, business fax number, and e-mail address *(if available).*

BLOCK C – QS QUESTIONS FOR TRANSFEREE

1. Indicate if you intend to combine (sweep up) the transferred QS with a block that is currently held. Blocked QS may be combined into one block if the resulting total amount of QS is less than or equal to the following amounts of QS units:

Halibut		**Sablefish**	
Area	Units	Area	Units
2C	19,992	SE	33,270
3A	27,912	WY	43,390
3B	22,947	CG	46,055
4A	22,947	WG	48,410
4B	15,087	AI	99,210
4C	30,930	BS	91,275
4D	26,082		

NOTE: If you wish to sweep up the QS into an existing block, you must fully identify the QS block into which you wish to combine the transferred QS; to do so, complete the blanks by entering the letters and numbers as set out on your QS certificate.

2. If this is a transfer of Catcher Vessel "CDQ compensation QS" that has not yet been assigned a catcher vessel length category, you may designate the category. To do so, check the appropriate box *(indicating vessel length)* to which you wish the QS assigned *(note that this will be a permanent assignment of vessel length category)*.

BLOCK D – IDENTIFICATION OF QS/IFQ TO BE TRANSFERRED

Complete this block if QS and IFQ are to be transferred together or to transfer QS only.

1. Enter the total QS units to be transferred and the designation of those QS units *(as set out on the QS Certificate)*.
2. Indicate whether all remaining IFQ pounds from the current fishing year are to be transferred with the QS; if not, indicate the number of pounds that are to be transferred.

BLOCK E – TRANSFER OF IFQ ONLY ("LEASE" OF IFQ)

Complete this block only if the CQE is applying to transfer IFQ to a permanent resident of the community on whose behalf the CQE holds the QS.

1. Identify the IFQ to be transferred by entering the IFQ Permit Number and Year.
2. Enter the name of the community to which QS are currently assigned.

BLOCK F – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. Indicate the reason(s) transfer is being proposed. Check all that apply and provide a brief explanation on a separate sheet.
2. Provide the price per unit of QS and the price per pound of IFQ.
3. Indicate total amount paid for the QS/IFQ in this transactions, including all fees.
4. Indicate YES or NO whether a broker is used for this transaction. **If YES**, indicate amount paid in brokerage fees or percentage of total price.
5. Indicate reason applying to transfer QS/IFQ *(check all that apply)*.

BLOCK G – REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION

1. Indicate YES or NO whether the QS/IFQ will have a lien attached. **If YES**, identify the person who will hold the lien.

2. Indicate primary source of financing for this transfer *(check one)*.
3. Indicate how the QS/IFQ was located *(check all that apply)*.
4. Indicate relationship to the transferor *(check all that apply)*.

5– 6. Indicate YES or NO whether an agreement exists to return the QS or IFQ to the transferor or any other person or a condition place on resale. **If YES**, explain.

BLOCK H -- CERTIFICATION OF TRANSFEROR

1. Enter printed name and signature of Transferor and date signed. If completed by an authorized agent, attach authorization.

2. Signature, commission expiration date, and stamp of notary public.

BLOCK I -- CERTIFICATION OF TRANSFEREE

1. Enter printed name and signature of Transferor and date signed. If completed by an authorized agent, attach authorization.
2. Signature, commission expiration date, and stamp of notary public.

BLOCK J -- CERTIFICATION OF CQE COMMUNITY REPRESENTATIVE
Required when CQE proposes to permanently transfer QS

1. Enter printed name of Community Representative and date signed.
2. Enter printed name and title of Community Representative.
3. Signature, commission expiration date, and stamp of notary public.

Revised: 02/05/2008

OMB Control No. 0648-0272
Expiration Date: 10/31/2011

RECORD OF IFQ/CDQ TRANSSHIPMENT AUTHORIZATION

NOAA Office for Enforcement

(This form to be completed ***only*** by NOAA Enforcement Personnel)

FAX TO: DATA CLERKS @ FAX: 907-586-7313	
FAXED FROM:	TELEPHONE:

Transshipment Date	Time
Transshipment Location	
Vessels: From: To: Product Destination:	ADF&G NO.
Registered Buyer Number & Name	
IFQ/CDQ Permit Number(s)	

Species Code	Product Type & Code	Product Weight

Request Date	Request Time
Requestor's Name	
Requestor's Telephone & Fax	
Clearing Officer	Date

Transshipment: Authorized _____ Not Authorized _____

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time to 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 Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required 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, is required to manage commercial fishing effort 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.

QUOTA SHARE (QS) HOLDER: IDENTIFICATION OF OWNERSHIP INTEREST

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

BLOCK A -- IDENTIFICATION OF QUOTA SHARE HOLDER

1. Name of QS holder: _____

2. Is this business a publicly held corporation? [ ] YES [ ] NO

   If YES, proceed to Block C.

3. Is this a corporation, association, partnership or other non-individual entity? [ ] YES [ ] NO

   If YES, is this entity still active? [ ] YES [ ] NO

4. Is this an estate that has been probated? [ ] YES [ ] NO

   If YES, on what date was probate finalized: _____

BLOCK B - - IDENTIFICATION OF MEMBERS SHAREHOLDERS, PARTNERS, JOINT VENTURERS, SUCCESSORS-IN-INTEREST

NOTE: if ownership consists of separate/additional corporations or partnerships the individual owners of those entities and the percentage of interest those individuals hold in their respective corporations or partnerships must also be listed.

Name of Owner(s)	% Interest Held

Do these ownership percentages represent the addition of any new owners since QS was initially issued?

[ ] YES [ ] NO

TOTAL OWNERSHIP:	**100 %**

BLOCK C – CERTIFICATION	
Under penalty of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, the information I have presented here is true, correct, and complete.	
1. Signature	2. Date
3. Printed Name	4. Title
5. Signature of Notary Public	6. Affix Notary Stamp or Seal Below
7. Commission Expires:	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing the 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 Assistant Regional Administrator, Sustainable Fisheries Division, NMFS, Alaska Region, P.O. Box 21668, Juneau, AK 99802.

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 as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

INSTRUCTIONS

QS HOLDER: IDENTIFICATION OF OWNERSHIP INTEREST

This form must be submitted by corporations, partnerships, associations, and other non-individual entities that hold quota share (QS) under the Pacific halibut and sablefish Individual Fishing Quota (IFQ) Program (50 CFR part 679).
The information requested herein is needed by RAM to determine compliance with IFQ program requirements, including:

- **Limitations On Use of QS and IFQ**.
  This information is needed to determine if persons who hold QS have exceeded their allowable use limits under the "individually and collectively" language set out in the IFQ regulations at 50 CFR 679.42(e) and (f); and,

- **Changes in corporations or partnerships**.
  This information is also needed to determine if a corporation or partnership that holds catcher vessel QS has changed (i.e., the addition of a new member).

  An entity must notify NMFS of any change within 15 days of its effective date and must then transfer its QS to a qualified individual.

- **Identify first-time applicants**.

- **Affirm an entity's continuing existence**.

- **Ensure corporations and partnerships are not erroneously issued annual IFQ** resulting from the collectively held QS.

- **Indirect ownership of vessels** for purposes of the hired master provisions of the IFQ program.

GENERAL INFORMATION

Please type or print legibly in ink. You may photocopy and attach additional sheets as necessary. Please sign in ink, have your signature notarized, and retain a copy for your records.

When completed, submit the original application:

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

by delivery to: **Room 713, Federal Building**
709 West 9th Street
Juneau, AK

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

COMPLETING THE APPLICATION

BLOCK A - IDENTIFICATION OF QS HOLDER

1. Provide name of QS holder.
2. Indicate whether the QS Holder is a publicly held corporation.
   If YES, sign the certification in Block C and return the form to RAM.
3. Indicate whether the QS Holder is a corporation, association, partnership, or other non-individual entity.
   If YES, indicate whether the entity is still active; **If YES**, go to Block B.
   If NO, sign the certification in Block C and return the form to RAM.
4. Indicate whether the QS Holder is an estate that has been probated.

   You must answer YES if the non-individual QS Holder is an estate and all estate matters with regard to the disposition of the assets, including QS, have been finalized.

   Provide the date the estate was settled.

BLOCK B - IDENTIFICATION OF MEMBERS

1. If ownership consists of separate or additional shareholders, partners, joint venturers, successors-in-interest, associations, corporations, partnerships, or other non-individual entities, list the individual owners of those entities.

2. Enter the percentage of ownership interest that each constituent member holds; for example, if there are three equal owners, enter "33-1/3" for each. The total interest of all members should equal 100 percent.

3. Indicate whether the ownership percentages represent the addition of any new owners since QS initially was issued. If any of the owners listed were added since QS were issued, you must answer YES.

BLOCK C - CERTIFICATION

1-3. Sign and date the application in the presence of Notary Public, and print your name.

4. Authorized representatives must submit proof of authorization from QS owner and state title.

5-7. Signature, commission expiration date, and stamp of notary public.
Not to be completed by the person submitting this application.

QS/IFQ BENEFICIARY DESIGNATION FORM

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service
Restricted Access Management Program RAM)
P.O. Box 21668
Juneau, AK 99802-1668
(800) 304-4846 toll free / 586-7202 in Juneau
(907) 586-7354 fax

Use this form to designate the surviving spouse, or in the absence of a surviving spouse, an immediate family member to be the beneficiary for these purposes.

NOTE: QS/IFQ can only be held by a U.S. citizen.

BLOCK A - IDENTIFICATION OF QS HOLDER		
1. Name:	2. NMFS Person ID:	
3. Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-mail Address:

BLOCK B – IDENTIFICATION OF BENEFICIARY		
1. Name:	2. NMFS Person ID:	
3. Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-mail Address:

BLOCK C - RELATIONSHIP OF BENEFICIARY TO QS HOLDER

Is the beneficiary named on this form the spouse of the QS holder?

YES [ ] NO [ ]

If NO, explain the immediate relationship of the beneficiary to the QS holder:

BLOCK D -- SIGNATURE	
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.	
Signature of Beneficiary:	Date:
Printed Name of Beneficiary (**Note:** If completed by an authorized representative, attach authorization):	
Notary Public: **ATTEST**	Affix Notary Stamp or Seal Here:
Commission Expires:	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, Alaska Region, 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 (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

INSTRUCTIONS
QS/IFQ BENEFICIARY DESIGNATION FORM

Quota Share (QS) holders may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder's death. If the QS holder does not leave a surviving spouse, he/she may name an immediate family member to be the beneficiary.

NMFS will allow the transfer of IFQ only (lease) of any QS/IFQ transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder.

GENERAL INFORMATION

Type or print legibly in ink and retain a copy of completed application for your records.

Please allow at least 10 working days for your application to be processed.

An application may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements. RAM will not process an application that does not bear original signatures (faxed applications will be returned). All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).

When completed, submit the original application

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

or deliver to: **Room 713, Federal Building**
709 West 9th Street

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or 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

COMPLETING THE APPLICATION

BLOCK A – IDENTIFICATION OF QUOTA SHARE (QS) HOLDER

1. Enter name of quota share holder

2. NMFS Person ID: NMFS will supply this number, if you do not already have one.

3. Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.

4. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

BLOCK B – IDENTIFICATION OF BENEFICIARY

1. Enter name of beneficiary.

2. NMFS Person ID: NMFS will supply this number, if you do not already have one.

3. Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.

4. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

BLOCK C - RELATIONSHIP OF BENEFICIARY TO QS HOLDER

Indicate if the beneficiary named on this form is the spouse of the QS holder.
If NO, explain the immediate relationship of the beneficiary to the QS holder:

BLOCK D -- SIGNATURE

The beneficiary must enter printed name, signature, and date signed. Signature indicates that the information presented is true, correct, and complete.

The Notary Public must enter name, date commission expires, and apply Notary Public stamp or seal.

Revised: 02/05/2008

OMB Control No. 0648-0272
Expiration Date: 10/31/2011

IFQ/CDQ PRIOR NOTICE OF LANDING

MANUAL REPORT

(This form to be completed ***only*** by NOAA Fisheries Office for Enforcement Personnel)

Vessel Name:	ADF&G Number:

LANDING INFORMATION

Port of landing:
Exact location of landing within the port (dock name, harbor name, facility name, or geographical coordinates)

Date of Landing:	Time of Landing:

Estimated Halibut Weight:
Estimated Sablefish Weight:
IFQ Regulatory Area(s):
IFQ or CDQ Permit Number(s):

Name of Caller:	Contact telephone number:
Date of Call:	Time of call:
Data Clerk:	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time to 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 Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required 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, is required to manage commercial fishing effort 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.

OMB Control No. 0648-0272
Expiration Date: 10/31/2011

IFQ DEPARTURE REPORT

NOAA Fisheries Office for Enforcement
(This form to be completed ***only*** by NOAA Office for Enforcement Personnel)

Date Received	Time Received
Vessel Name	ADF&G Number
Vessel Operators Name	
Vessel Operators Registered Buyer or Registered Crab Receiver Permit number	
Intended Location of Landing	
Intended Date & Time (Alaska Local Time) of Landing	
IFQ or CDQ **Halibut** Permit Number(s), Estimated Total Weight (lb/kg/mt) and Regulatory Area of Harvest	
IFQ **Sablefish** Permit Number(s), Estimated Total Weight (lb/kg/mt) and Regulatory Area of Harvest	
CR **Crab** Permit Number(s), Estimated Total Weight (lb/kg/mt) and Crab Rationalization Fishery Code	
Additional (optional) Information:	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time to 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 Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required 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, is required to manage commercial fishing effort 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.).

OMB Control No. 0648-0272
Expiration Date : 10/31/2011

IFQ/CDQ ADMINISTRATIVE WAIVER

NOAA Office for Enforcement
(This form to be completed ***only*** by a NOAA Clearing Officer)

Date & Time of Waiver	
Vessel Name	ADF&G No.
All IFQ Permit #'s	
IF APPLICABLE Confirmation #s	
Registered Buyer & Permit #	

CHECK THE REASON(S) THAT APPLY:	
	A. Prelanding Waiver (Vessel lands IFQ fish less than 3 hours after making the Prior Notice of Landing notification). *{50 CFR 679.5(l)(1)(i)(A)}*
	B. After-hours Waiver (Vessel lands fish after 1800 and before 0600 A.L.T.). *{50 CFR 679.5(l)(2)(ii)(A)}*
	C. Electronic Reporting Waiver (Internet Reporting requirement not met. Manual Landing Report authorized). *{50 CFR 679.5(l)(2)(iv)(C)}*
	D. Waiver for the IFQ cardholder to not be on board in extreme personal emergencies. *{50 CFR 679.42(d)}*

Comments:	
Clearing Officer Name	Office

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time to 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 Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required 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, is required to manage commercial fishing effort 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.).

APPLICATION FOR REPLACEMENT OF CERTIFICATES OR PERMITS

United States Department of Commerce
National Oceanic and Atmospheric Administration
National Marine Fisheries Service, Alaska Region
Restricted Access Management Program (RAM)
P.O. Box 21668
Juneau, AK 99802-1668
Telephone (800) 304-4846 toll free or
(907) 586-7202 in Juneau
Fax: (907) 586-7354

BLOCK A - IDENTIFICATION OF APPLICANT

1. Name:	2. NMFS Person ID:
3. Business Mailing Address: [ ] Permanent or [ ] Temporary	4. Date of Birth or Date of Incorporation:
	5. Business Telephone Number:
	6. Business Fax Number:
	7. E-mail Address *(if available)*:

BLOCK B – REPLACEMENT REQUEST (Check Only the Items That Apply)

Part I – BSAI Crab Permits and Scallop Permits

[ ] Crab Annual IFQ Fishing Permit: Permit Number _____

[ ] Crab Annual IPQ Fishing Permit: Permit Number _____

[ ] Registered Crab Receiver: Permit Number _____

[ ] Crab Federal Vessel Permit: Permit Number _____ Vessel ADF&G Number: _____

[ ] Crab IFQ Hired Master Permit: *(Application to be completed and signed by permit holder)*
Skipper Name: _____ Skipper NMFS ID Number: _____

[ ] Crab QS or PQS Transfer Eligibility Certificate (TEC)

[ ] Crab License Limitation License (LLP): License Number _____

[ ] Scallop License Limitation License (SLLP): License Number _____

BLOCK B – REPLACEMENT REQUEST (Check Only the Items That Apply)
PART II – Pacific Halibut and Sablefish IFQ Program Permits
[ ] Halibut/Sablefish IFQ Fishing Permit: Permit Number _____ [ ] Halibut/Sablefish IFQ/CDQ Hired Master Permit for individual permit holder: Permit Number _____ Species _____ [ ] Halibut/Sablefish Transfer Eligibility Certificate (TEC): NMFS Person ID Number _____ [ ] Registered Buyer Permit: Permit Number _____
PART III – Federal Groundfish Permits
[ ] Federal Fisheries Permit (FFP): Permit Number _____ [ ] Federal Processor Permit (FPP): Permit Number _____ Vessel ADF&G Number *(if stationary floating processor)* _____ [ ] Groundfish License Limitation License (LLP): License Number _____ [ ] American Fisheries Act (AFA) Inshore Cooperative: Permit Number _____ [ ] American Fisheries Act (AFA) Inshore Processor: Permit Number _____ [ ] American Fisheries Act (AFA) Catcher Vessel Permit: Permit Number _____ [ ] American Fisheries Act (AFA) Catcher/Processor Permit: Permit Number _____ [ ] American Fisheries Act (AFA) Mothership Permit: Permit Number _____
PART IV – Halibut Subsistence
[ ] Subsistence Halibut Registration Certificate (SHARC): Tribal SHARC Number _____ *Or* Rural Resident SHARC Number _____ [ ] Subsistence Halibut Ceremonial Permit: Permit Number _____
PART V – Charter Halibut
[ ] Replace Charter Halibut Permit: Permit Number _____

BLOCK C - REASON FOR REPLACEMENT REQUEST
[ ] Lost [ ] Destroyed [ ] Stolen [ ] Other *(explain)* _____

BLOCK D – CERTIFICATION OF APPLICANT	
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 *(**Note**: If authorized representative, **attach** authorization):*	

INSTRUCTIONS
APPLICATION FOR

REPLACEMENT OF CERTIFICATES, PERMITS, OR LICENSES

Use this application to request a replacement for a certificate or permit that was previously issued by NMFS and that subsequently was lost, destroyed, or stolen.

Please type or print legibly in ink and retain a copy of the completed application for your records.

When completed, submit application:

by mail to:	**NMFS Alaska Region** **Restricted Access Management (RAM)** **P.O. Box 21668** **Juneau, Alaska 99802-1668**
or deliver to:	**709 West 9th Street, Room 713** **Juneau, AK 99801**
or fax to:	**(907) 586-7354**

Allow at least 10 business days for your application to be processed.

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or 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

COMPLETING THE APPLICATION

Provide the information requested below regarding the replacement of the item(s) requested.

BLOCK A - IDENTIFICATION OF APPLICANT

1. Name: The full name of the applicant that is the holder of the permit or certificate, and/or license being replaced.
2. NMFS Person ID: The identification number assigned to the applicant by NMFS, RAM.
3. Business Mailing Address: Enter the business mailing address, including street or P.O. Box number, state, and zip code, where the item(s) should be sent.

   Check whether the address provided is a permanent or temporary address. If you check "Permanent Address," we will update the official RAM database. If you choose "Temporary Address," we will use it for this one application only and we will not change the RAM database.
4. Date of Birth or Date of Incorporation. Enter date of birth if applicant is an individual; enter date of incorporation if applicant is a corporation, partnership, association or other non-individual business entity.

5-7. Business Telephone, Fax Numbers and email address: The business telephone and business fax numbers, including the area codes, and email address.

Note: It is important to provide a number where NMFS may leave a message to avoid delay in processing the application if any questions arise.

BLOCK B - REPLACEMENT REQUEST (Parts I through IV)

Check the block for each of the items you are requesting to be replaced. Fill out **only** the information that pertains to the items that have been checked.

BLOCK C - REASON FOR REPLACEMENT REQUEST

Indicate the reason(s) for replacement of the items checked in Block B.

BLOCK D – CERTIFICATION OF APPLICANT

Printed name and signature of application and date signed.
If completed by authorized representative, **attach** authorization.

.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the 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 Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, Alaska Region, 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 as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

APPLICATION FOR IFQ/CDQ REGISTERED BUYER PERMIT

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service (NMFS)
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668
(800) 304-4846 toll free / 586-7202 in Juneau
(907) 586-7354 fax

Use this application to apply for or renew a Registered Buyer permit under Individual Fishing Quota (IFQ) Program and the Western Alaska Community Development Quota (CDQ) Program.

Is this application a renewal? [ ] YES [ ] NO

If YES, enter Registered Buyer Permit Number: _____

BLOCK A - APPLICANT IDENTIFICATION

1. Name of Registered Buyer:	2. NMFS Person ID:
3. Name of Contact Person:	
4. Business Mailing Address: [ ] Permanent [ ] Temporary	5. Physical Location of Facility:

6. Business Telephone Number:	7. Business Fax Number:	8. E-mail Address *(if available)*:

BLOCK B - TYPE OF ACTIVITY ***(Check ALL that apply)***
[ ] Catcher – Seller (Permit Holder making dockside sales) [ ] IFQ Permit Holder or Hired Master (vessel operator) transferring IFQ/CDQ fish outside Alaska. [ ] Person receiving fish from harvester as a (check all that apply): [ ] Buyer-Broker [ ] Catcher/Processor [ ] Retail Operation [ ] Restaurant [ ] Mothership [ ] Tender [ ] Shoreplant/Stationary Floating Processor [ ] Other (*please describe*): _____

BLOCK C - SIGNATURE	
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 Applicant or Authorized Representative:	2. Date:
3. Printed Name of Applicant or Authorized Representative *(Note: If authorized representative, attach authorization.):*	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes 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 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, NMFS Alaska Region, 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.

INSTRUCTIONS

APPLICATION FOR IFQ/CDQ REGISTERED BUYER PERMIT

Use this application to apply for or renew a Registered Buyer permit for the Individual Fishing Quota (IFQ) Program and the Western Alaska Community Development Quota (CDQ) Program (50 CFR part 679).

At any time during the fishing year for which it is issued, a Registered Buyer permit authorizes the person identified on the permit to receive and make:

- an IFQ landing by an IFQ permit holder or IFQ hired master permit holder
- a CDQ halibut landing by a CDQ permit holder or CDQ hired master permit holder

A Registered Buyer permit is required of:

- Any person who receives IFQ halibut, CDQ halibut, or IFQ sablefish from the person(s) who harvested the fish.
- Any person who harvests IFQ halibut, CDQ halibut, or IFQ sablefish and transfers such fish
  - in a dockside sale,
  - outside of an IFQ regulatory area, or
  - outside the State of Alaska.
- A vessel operator who submits a Departure Report (see § 679.5(l)(4)).

NOTE: NMFS does not issue a Registered Buyer permit to entities receiving IFQ Pacific halibut, IFQ sablefish, or CDQ Pacific halibut at locations outside Alaska. In such cases the vessel operator must be a Registered Buyer.

A Registered Buyer permit is issued on a 3 year cycle upon approval by the Regional Administrator. A Registered Buyer permit is in effect from the first day of the year for which it is issued or from the date of issuance, whichever is later, through the end of the current NMFS 3-year cycle, unless it is revoked, suspended, surrendered, or modified.

GENERAL INFORMATION

Type or print legibly in ink and retain a copy of completed application for your records. Please allow at least 10 working days for your application to be processed.

When completed, submit the original application:

by mail to:	**NMFS Alaska Region** **Restricted Access Management (RAM)** **P.O. Box 21668** **Juneau, AK 99802-1668**
by fax to:	**(907) 586-7354**

by delivery to: **Room 713, Federal Building**
709 West 9th Street
Juneau, AK

Online: https://alaskafisheries.noaa.gov/webapps/ifqaccounts/Login

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

COMPLETING THE APPLICATION

If the application is submitted to NMFS online using an electronic application available on the NMFS Alaska Region website at http://alaskafisheries.noaa.gov, the NMFS Person ID, password, and transfer key take the place of a signature and certify that all information is true, correct, and complete.

BLOCK A - APPLICANT IDENTIFICATION

1. Name of Registered Buyer - (see above listings for additional information)

2. NMFS Person ID

3. Name of Contact Person - Name of a person we may contact regarding this application, such as the business owner, or manager.

4. Business Mailing Address - If you check "Permanent Address," we will update the official RAM database. If you check "Temporary Address," we will use it for this one application and we will not change the RAM database.

5. Physical Location of Facility - Enter the physical location of the facility where the Registered Buyer operation occurs. If there is no fixed location facility (as with some buyers), or if the activity occurs at multiple locations (as with some motherships), indicate the most frequently used location.

6-8. Business Telephone Number, Business Fax Number, and Business E-mail Address (include area codes)

BLOCK B - TYPE OF ACTIVITY

Select all of the activities that best describe your anticipated Registered Buyer activity.

BLOCK C – SIGNATURE

The applicant or authorized representative must enter printed name, signature, and date the application. The signature certifies that all information set forth in the application is true, correct, and complete to the best of the applicant's knowledge and belief. The application will not be considered without the applicant's or authorized representative's signature. **Note:** If a representative acting on behalf of the applicant, attach written authorization signed by the applicant.

If the application is submitted to NMFS online using an electronic application available on the NMFS Alaska Region website at http://alaskafisheries.noaa.gov, the NMFS Person ID, password, and transfer key take the place of a signature and certify that all information is true, correct, and complete.

APPLICATION FOR IFQ/CDQ HIRED MASTER PERMIT

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service (NMFS)
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668
(800) 304-4846 toll free, (907) 586-7202 in Juneau
(907) 586-7354 fax

TO DEMONSTRATE PERCENT OF VESSEL OWNERSHIP BY IFQ PERMIT HOLDER -- DOCUMENTATION OF OWNERSHIP MUST BE INCLUDED WITH THIS APPLICATION*

- Proof of vessel ownership by the Individual Fishing Quota (IFQ) permit holder:
  - For United States Coast Guard (USCG) documented vessels, a complete copy of the USCG Abstract of Title
  - For an undocumented vessel, a copy of the State of Alaska vessel license or registration
- If the IFQ permit holder is not the person named on the USCG Abstract of Title or State of Alaska vessel license or registration, documentation establishing indirect ownership such as corporate annual reports, meeting minutes, stock certificates, etc.

*The only exceptions are for Category A IFQ permit holders and Western Alaska Community Development Quota (CDQ) permit holders

BLOCK A -- PURPOSE OF APPLICATION

Add Permit Holder [ ] Delete Permit Holder [ ]

Do you wish the hired master permit(s) to be mailed directly to the hired master(s)? YES [ ] NO [ ]

Indicate permit(s) to which this action applies:

Sablefish Permit Number(s) _____ Halibut Permit Number(s) _____

Category: A [ ] B [ ] C [ ] D [ ] Category: A [ ] B [ ] C [ ] D [ ]

BLOCK B – IFQ/CDQ PERMIT HOLDER INFORMATION

1. Name of IFQ Permit Holder:	2. NMFS Person ID:

3. Business Mailing Address: Permanent [ ] Temporary [ ]

4. Business Telephone Number:	5. Business Fax Number:	6. E-mail address *(if available)*:

BLOCK C -- IDENTIFICATION OF VESSEL UPON WHICH IFQ/CDQ HALIBUT OR SABLEFISH WILL BE FISHED			
1. Vessel Name:	2. Length Overall:	3. ADF&G Number:	4. USCG Number:
5. Does the IFQ Permit Holder hold an ownership interest of at least 20% in the named vessel? YES [ ] NO [ ] **If YES**, see instructions for attachments			

BLOCK D – HIRED MASTER INFORMATION ***(If you have more than one hired master permit holder, use the additional permit holder sections below)***		
1. Full name of Hired Master Permit Holder:		2. NMFS Person ID:
3. Business Mailing Address: Permanent [ ] Temporary [ ]		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail Address *(if available)*:

HIRED MASTER INFORMATION (CONTINUED) *(If you have more than one hired master permit holder, use the additional permit holder sections below)*		
1. Full name of Hired Master Permit Holder:		2. NMFS Person ID:
3. Business Mailing Address: Permanent [ ] Temporary [ ]		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail Address *(if available)*:

HIRED MASTER INFORMATION (CONTINUED) *(If you have more than one hired master permit holder, use the additional permit holder sections below)*		
1. Full Name of Hired Master Permit Holder:		2. NMFS Person ID:
3. Business Mailing Address: Permanent [ ] Temporary [ ]		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail Address: *(if available)*

BLOCK E – CERTIFICATION OF PERMIT HOLDER	
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 Applicant *(or Authorized Representative)*:	2. Date:
3. Printed Name of Applicant *(or Authorized Representative)*: If representative, attach authorization	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NMFS, Alaska Region, 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 as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

.

INSTRUCTIONS

APPLICATION FOR IFQ/CDQ HIRED MASTER PERMIT

This application must be used to obtain permits for Pacific halibut and sablefish Individual Fishing Quota (IFQ) and Western Alaska Community Development Quota (CDQ) hired masters (hired skippers) where authorized under regulations at 50 CFR Part 679 and to obtain permits for halibut CDQ fishing.

Some Skippers have been QS/IFQ holders in their own right, some were at least part owners of the vessels on which they were hired to fish another person's IFQ, and some have been shareholders, partners, or "owners" of the non-individual QS holding entity that hired them.

A separate application must be completed for each vessel, each IFQ permit number, and each CDQ permit number.

PROGRAM REQUIREMENTS

- **IFQ permit holders who are not individuals** MUST designate a hired master (skipper) to fish their IFQ or obtain a permit to access their account. RAM will not automatically send a permit to the representative or the agent of non-individual quota share (QS) holders.

- **Individual IFQ permit holders** may not designate a skipper to harvest halibut IFQ in Regulatory Area 2C or to harvest sablefish in SE ().

- With few exceptions, to be eligible to obtain a hired master, a **person holding catcher vessel IFQ** must own (either directly or indirectly) at least 20 percent of the vessel upon which the hired master will fish the IFQ. Proof of vessel ownership must be submitted to NMFS each year. Federal regulations at 50 CFR 679.42(i) and (j) define acceptable proof of ownership as:

  - **For a documented vessel**, owns a minimum 20-percent interest in the vessel as shown by the USCG Abstract of Title that lists the permit holder as an owner and, if necessary to prove the required percentage ownership, other written documentation.

  - **For an undocumented vessel**, owns a minimum 20-percent interest in the vessel as shown by a State of Alaska vessel license or registration that lists the permit holder as an owner and, if necessary to show the required percentage ownership interest.

  - **Indirect ownership of vessel**: If the IFQ permit holder is not the person listed on the USCG Abstract of Title or the person listed on the State of Alaska vessel license or registration, documentation establishing an indirect ownership link with the vessel is required. Such documentation must be in the form of third-party verification, and may include such things as corporate annual reports, corporate meeting minutes, stock certificates, tax returns, etc.

- **Category "A" (freezer vessel) permit holders** do not need to send proof of vessel ownership but MUST provide the vessel information requested in Block C.

- **CDQ permit holders** are not required to provide the vessel information requested in Block C.

GENERAL INSTRUCTIONS

Type or print information legibly in ink and retain a copy of completed application for your records.

Submit completed, original application and proof of vessel ownership:

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

By delivery to: **709 West 9th Street, Room 713**
Juneau, AK 99801

By fax to: **(907) 586-7354**

Applications submitted via fax will be accepted only if the faxed copy is legible.

Please allow at least 10 working days for your application to be processed. 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

COMPLETING THE APPLICATION

ATTACHMENTS

Attach the following documentation to the application. The only exceptions are for Category A IFQ permit holders and CDQ permit holders.

- Proof of vessel ownership by the IFQ permit holder:
  - For USCG documented vessels, a complete copy of the USCG Abstract of Title
  - For an undocumented vessel, a copy of the State of Alaska vessel license or registration
- If the IFQ permit holder is not the person named on the USCG Abstract of Title or State of Alaska vessel license or registration, documentation establishing indirect ownership such as corporate annual reports, meeting minutes, stock certificates, etc.

BLOCK A - PURPOSE OF APPLICATION

- Check the appropriate box to designate the purpose for submitting this application.
- Indicate if hired master permit should be mailed directly to the hired master(s).
- Indicate the permit(s) to which this action applies.

- Indicate the species and QS vessel category for the hired master permit.
  Halibut and Sablefish permit numbers appear on IFQ fishing permits.

BLOCK B – IFQ/CDQ PERMIT HOLDER INFORMATION

1. Name of IFQ Permit Holder - Name as it appears on your QS certificate or IFQ permit.

2. NMFS Person ID - The number assigned to the permit holder by RAM.

3. Business Mailing Address - Include street or P.O. Box, city, state, and zip code. If you choose Permanent Address, we will update the official RAM database. If you choose Temporary Address, we will use it for this one application and we will not make any changes to the RAM database.

4-6. Business Telephone No. Business Fax No., and E-mail Address - Enter business telephone number, business fax number, and E-mail address where the permit holder or the authorized representative can be reached, including area codes.

BLOCK C - IDENTIFICATION OF VESSEL UPON WHICH IFQ/CDQ HALIBUT WILL BE FISHED

1. Name of the vessel on which the hired skipper will be fishing your IFQs.

2. Length overall (LOA) of the vessel.

3. Alaska Department of Fish & Game (ADF&G) vessel registration number of the vessel.

4. Official United States Coast Guard (USCG) documentation number of the vessel.

5. State whether you own 20 percent of the vessel identified in this block. With few exceptions, a minimum of 20 percent ownership in the vessel is required in order to hire a skipper to fish your IFQ. See required attachments listed above.

BLOCK D – HIRED MASTER PERMIT HOLDER INFORMATION

NOTE: CDQ permit holders may attach to this application a list of requested hired master permit holders. The list **MUST** include the full name, address, and date of birth of each of the individuals listed.

Complete this section for each permit holder you are requesting to have an IFQ Hired Master Permit.

1. Name of Hired Master Permit Holder - Name of the individual to be named hired master permit.

2. NMFS Person ID - The number assigned to the hired master permit holder by RAM.

3. Business Mailing Address - Include street or P.O. Box, city, state, and zip code. If you check Permanent Address, we will update the official RAM database. If you choose Temporary Address, we will use it for this one application and there will not be any changes to the RAM database. **Items will be sent by first class mail to the IFQ hired master permit holder's permanent address** unless you provide alternate instructions. CDQ hired master permits will be sent to the CDQ corporation.

4-6. Business Telephone No., Business Fax No. and E-mail Address - Business telephone number, business fax number, and E-mail address where the permit holder can be reached, including area code.

BLOCK E - CERTIFICATION OF PERMIT HOLDER

Enter printed name and date of signature and sign.

Representatives of IFQ permit holders must submit proof of authorization signed by the IFQ permit holder to submit this application on their behalf.

APPLICATION FOR ELIGIBILITY TO RECEIVE QS/IFQ

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service (NMFS)
Restricted Access Management Program (RAM)
P.O. Box 21668
Juneau, AK 99802-1668
(800) 304-4846 toll free / 586-7202 in Juneau
(907) 586-7354 fax

Those persons applying to receive Quota Share (QS) or Individual Fishing Quota (IFQ) by transfer must submit this application to the Regional Administrator, to obtain a Transfer Eligibility Certificate (TEC).

BLOCK A - APPLICANT INFORMATION (type or print)		
1. Name *(full name, including middle initial)*:	2. NMFS Person ID:	
	3. Taxpayer ID Number *(Employer ID No. or SSN)*:	
4. Business Mailing Address: [ ] Permanent [ ] Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address *(if available)*:

NOTE: The Applicant must be a U.S. citizen or U.S. corporation, partnership, or other non-individual business entity to receive QS/IFQ by transfer.

9. Are you a U.S. citizen?

[ ] YES [ ] NO If **YES**, enter Date of Birth _____

10. Are you a U.S. corporation, partnership, association or other non-individual business entity?

[ ] YES [ ] NO If **YES**, enter Date of Incorporation _____

BLOCK B-- FREEZER SHARES

Is this TEC intended for an Entity that wishes to buy or lease Category A Quota Shares only?

YES [ ] NO [ ]

NOTE: IF YES, and you are a corporation, partnership, association, or other non-individual entity, please complete and attach a **QS Holder: Identification of Ownership Interest** form.

BLOCK C - NOTARY CERTIFICATION	
I am a duly authorized representative of the applicant; by my signature below, I declare that I have examined this application in its entirety, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Applicant (or Authorized Representative):	2. Date:
3. Printed Name of Applicant ***(Note:*** *If completed by a representative, attach authorization)*:	
4. Notary Public Signature: **ATTEST**	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

BLOCK D[1] - COMMERCIAL FISHING EXPERIENCE **Duplicate this section, or attach a separate sheet of paper if necessary to display all of the Applicant's commercial fishing experience.**		
1. Species *(one per block)*:	2. Gear:	3. Location:
4. Date From *(MM / YY)*:	5. Date To *(MM / YY)*:	
6. Number of **Actual** Days Spent Harvesting Fish:		
7. Duties Performed While **Directly Involved** in the Harvesting of Fish **(BE SPECIFIC)**:		
8. Vessel Name:	9. ADF&G or USCG Number:	
10. Vessel Owner:	11. Vessel Operator:	
12. Reference Name *(person other than yourself)*:	13. Reference's Relationship to You:	
	14. Reference's Business Telephone Number:	
15. Reference's Business Mailing Address:		

BLOCK D[2] - COMMERCIAL FISHING EXPERIENCE **Duplicate this section, or attach a separate sheet of paper if necessary to display all of the Applicant's commercial fishing experience.**		
1. Species *(one per block)*:	2. Gear:	3. Location:
4. Date From *(MM / YY)*:	5. Date To *(MM / YY)*:	
6. Number of **Actual** Days Spent Harvesting Fish:		
7. Duties Performed While **Directly Involved** in the Harvesting of Fish **(BE SPECIFIC)**:		
8. Vessel Name:	9. ADF&G or USCG Number:	
10. Vessel Owner:	11. Vessel Operator:	
12. Reference Name *(person other than yourself)*:	13. Reference's Relationship to You:	
	14. Reference's Business Telephone Number:	
15. Reference's Business Mailing Address:		

This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal permits. The primary purpose for requesting the SSN/TIN is for the collection and reporting on any delinquent amounts arising out of such person's relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public.

INSTRUCTIONS
APPLICATION FOR ELIGIBILITY TO RECEIVE QS/IFQ

Quota Share (QS) was initially issued to persons who owned or leased vessels that made legal commercial fixed-gear landings of Pacific halibut or sablefish during 1988-1990 off Alaska. The application period for QS ended on July 15, 1994. Once issued to a person by NMFS, QS is held by that person until it is transferred, suspended, or revoked. Currently, QS may only be obtained through transfer. QS is transferable to other initial issuees or to those who have become transfer-eligible through obtaining NMFS' approval.

Those persons applying to receive QS or Individual Fishing Quota (IFQ) by transfer must submit an Application for Eligibility to Receive QS/IFQ containing accurate information to the Regional Administrator, to obtain a Transfer Eligibility Certificate (TEC).

To be eligible, persons must have 150 or more days of experience working as part of a harvesting crew in any U.S. commercial fishery. Work in support of harvesting but not directly related to it is not considered harvesting crew work.

If participant is a U.S. corporation, partnership, association or other non-individual business entity, you must complete and submit a **Quota Share Holder: Identification of Ownership** form. You can download this form from NMFS' web site at https://alaskafisheries.noaa.gov, or you may call RAM and request the form be mailed or faxed to you.

Type or print legibly in ink and retain a copy of completed application for your records.

Please allow at least 10 working days for your application to be processed.

An application may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements. RAM will not process an application that does not bear original signatures (faxed applications will be returned). All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).

When completed, submit the original application

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

or deliver to: **Room 713, Federal Building**
709 West 9th Street

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or 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

COMPLETING THE APPLICATION

BLOCK A - APPLICANT INFORMATION

1. Name: Full name as it should appear on the TEC.

2. NMFS Person ID: NMFS will supply this number, if you do not already have one.

3. TAX ID No. (Employer ID No. or SSN): Enter social security number (SSN) if applicant is an individual. Enter employer identification number if applicant is a corporation, partnership, association or other non-individual business entity.

4. Permanent Business Address: Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.

5. Temporary Mailing Address: Enter the address you want the TEC documentation sent to if somewhere other than your permanent address. Include street or P.O. Box, city, state, and zip code.

6-8. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

9. Indicate whether you are a U.S. citizen. **If YES**, enter Date of Birth

10. Indicate whether you are a U.S. corporation, partnership, association or other non-individual business entity.

    If YES, enter Date of Incorporation.

    If YES, please complete and **attach** a Quota Share Holder: Identification of Ownership form (see information above).

BLOCK B - FREEZER SHARES

Indicate whether participant wishes to lease or purchase Freezer Vessel (Category A) Quota Shares ONLY.

If YES, and you are a U.S. corporation, partnership, association or other non-individual entity, please complete and attach a **Quota Share Holder: Identification of Ownership** form (see information above).

Note: *You may be required to submit further evidence of eligibility, i.e., that you are the type of entity that would have been eligible to document a vessel under U.S. laws in effect in 1988, 1989, and 1990.*

BLOCK C - NOTARY CERTIFICATION

Printed name and signature of applicant or authorized representative and date the application. Signature certifies that all information set forth in the application is true, correct, and complete to the best of the applicant's knowledge and belief. If completed by authorized representative, attach authorization.

Notary Public Signature, date commission expires, and Notary Stamp or Seal

BLOCK D - COMMERCIAL FISHING EXPERIENCE

Note*: If you need additional space to provide your commercial fishing experience, copy the second page of the application prior to completing these blocks.*

1. Species: Enter any targeted species in a U.S. commercial fishery (enter **only one fishery per block**).

2. Gear Type: Enter any gear type used to legally harvest in a U.S. commercial fishery.

3. Location: Enter actual regulatory, statistical, or geographic harvesting location.

4. Date From: Enter starting date (including Month and Year)

5. Date To: Enter ending date (including Month and Year)

6. Number of Actual Days Spent Harvesting Fish: Enter **total days actually spent doing harvesting work during the claimed period in questions 4 and 5**.

7. Duties Performed While Directly Involved in the Harvesting of Fish: List or describe your duties as a member of a harvesting crew for the claimed period in questions 4 and 5.

8. Vessel Name: Enter the registered name of the vessel upon which above duties were performed.

9. ADF&G or USCG Number: Enter the State of Alaska, Department of Fish & Game (ADF&G) vessel registration number or the U.S. Coast Guard (USCG) documentation number of the vessel listed in number 8.

10. Vessel Owner: Enter the name of the individual(s) or corporation(s) whose name is listed on the vessel ownership papers.

11. Vessel Operator: Enter the name of the person (may be yourself) in charge of operating the vessel.

12. Reference Name: Enter the name of a person (other than yourself) who is able to verify the above experience.

13. Reference's Relationship to You: Enter your reference's relationship to you.

14. Reference's Business Mailing Address: Enter your reference's business mailing address, including street or P.O. Box number, city, state, and zip code.

15. Reference's Business Telephone Number: Enter your reference's business telephone number, including the area code.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, Alaska Region, 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 as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Application for a Non-profit Corporation to be Designated as a Community Quota Entity (CQE)

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service (NMFS)
Restricted Access Management Program (RAM)
P.O. Box 21668
Juneau, AK 99802-1668
(800) 304-4846 toll free / 586-7202 in Juneau
(907) 586-7354 fax

BLOCK A - IDENTIFICATION OF APPLICANT

1. Name of Non-Profit Organization:	2. Name of Contact Person:	
3. Permanent Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail address (if available):
7. Name of Community Represented by Non-Profit:	8. Name of Contact Person for Community Governing Body:	

BLOCK B – REQUIRED INFORMATION

The following information must be included as attachments to this application. The application will not be processed unless appropriate information and documentation is provided.

[ ] The applicant's Articles of Incorporation

[ ] The applicant's Corporate By-laws

[ ] A list of the applicant's key personnel, including its Board of Directors and Officers

[ ] The applicant's Organizational Chart or, at a minimum, a written explanation that fully reveals the applicant's line and staff responsibilities and relationships

[ ] A statement designating the eligible Gulf of Alaska coastal community(ies) that the entity seeks to represent

[ ] An explanation of how the applicant will manage QS/IFQ on behalf of the community(ies) it seeks to represent

[ ] A statement that explains the procedures that will be used to solicit requests from community residents to use (lease) annual IFQ held by the applicant and that sets out the criteria and procedures to be used to select from among those who have expressed a desire to use the IFQ.

[ ] Formal resolution from the community governing body (i.e., the city council if a municipality, the tribal governing body if not a municipality, or the non-profit community association if neither a municipality or a tribe) that unambiguously designates the applicant as the community's representative and CQE.

BLOCK C - NOTARY CERTIFICATION	
I am a duly authorized representative of the applicant; by my signature below, I declare that I have examined this application in its entirety, and to the best of my knowledge and belief, the information presented here 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.	
4. Notary Public Signature: **ATTEST**	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 200 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this 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 as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

.

INSTRUCTIONS

APPLICATION FOR A NON-PROFIT CORPORATION TO BE DESIGNATED AS A COMMUNITY QUOTA ENTITY (CQE)

A non-profit organization that wishes to represent an eligible Gulf of Alaska (GOA) community in the acquisition and use of quota share (QS) and individual fishing quota (IFQ) must complete this application for approval. Only those non-profit organizations approved by NMFS will be eligible to purchase QS and/or transfer IFQ on behalf of an eligible GOA community.

Type or print legibly in ink and retain a copy of completed application for your records. **Please allow at least 10 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.

When completed, submit application

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

or deliver to: **709 West 9th Street, Room 713**
Juneau, AK 99801

Due to a Notary Public requirement, **we cannot process faxed applications**.

If you need additional information, call RAM at **(800) 304-4846 (Option #2)** or **(907) 586-7202 (Option #2)**.

COMPLETING THE APPLICATION

BLOCK A - IDENTIFICATION OF APPLICANT

1. Provide the name of the non-profit entity seeking to become a CQE
2. Name of the contact person for the non-profit organization applying to become a CQE
3. Enter permanent business mailing address, including street or P.O. Box, city, state, and zip code

4-6. Business telephone number, business fax number, and business e-mail address (*if available)*

7. Enter the name of the eligible GOA community to be represented by the non-profit.
8. List the name of the contact person for Community Governing Body of the community.

BLOCK B - REQUIRED INFORMATION

The non-profit organization applying to become a CQE must provide all of the documentation listed in this section. Failure to provide any of the required documentation will result in a denial of this application. This information is used both to evaluate the ability of the non-profit applicant to represent an Eligible GOA community and to ensure the non-profit has the support of the community's government body.

BLOCK C - NOTARY CERTIFICATION

1-3. Enter applicant printed name, signature, and date of application in the presence of a Notary Public. As a result of this requirement, **we cannot process faxed applications**. Representatives acting on behalf of an applicant must supply proof of agent authorization to submit this application on the applicant's behalf.

4-6. A Notary Public must Attest (sign), indicate date when commission expires, and affix his/her Notary Stamp. The Notary Public cannot be completed by the person submitting this application.

Application For TEMPORARY MILITARY TRANSFER OF IFQ

U.S. Department of Commerce
NOAA Fisheries Service, Alaska Region
Restricted Access Management (RAM)
Post Office Box 21668
Juneau, Alaska 99802-1668

NOTE: Submit a separate application for each IFQ Temporary Military Transfer.
Temporary Military Transfers are valid only during the calendar year for which the associated IFQ is issued and will be issued only for the IFQ derived from the QS held by the applicant.

BLOCK A—QUALIFYING QUESTIONS

Does the Transferor (Military) qualify for a hired master exception under 50 CFR 679.42(i)(1)? YES [ ] NO [ ]

Does the Transferee (Not Military) hold a Transfer Eligibility Certificate (TEC)? 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

[ ] Documentation of active military mobilization or deployment, including the following:

- [ ] Copy of official documentation, such as mobilization or deployment orders, that direct the transferor to report to active duty status or to mobilize for a military deployment.
- [ ] Concise description of the length and nature of the military deployment including verification that the applicant is unable to participate in the IFQ fishery for which he or she holds IFQ permits during the IFQ season because of his/her active duty military status.

BLOCK C – TRANSFEROR (SELLER) INFORMATION

1. Name:	2. NMFS Person ID:
	3. Date of Birth:

4. Permanent Business Mailing Address:	5. Temporary Business Mailing Address (see instructions):

6. Business Telephone No.:	7. Business Fax No.:	8. e-mail Address (if any):

.

BLOCK D – TRANSFEREE (BUYER) INFORMATION		
1. Name:		2. NMFS Person ID: 3. Date of Birth:
4. Permanent Business Mailing Address:	5. Temporary Business Mailing Address (see instructions):	
6. Business Telephone No.:	7. Business Fax No.:	8. E-mail Address (if any)

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 IFQ Permit Number:	
7. Fishing Year: 20_____		

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 F –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 presented here is true, correct, and complete.	
1. Signature of Transferor or Authorized Representative:	2. Date:
3. Printed Name Transferor or Authorized Representative **Note:** If representative, **attach** authorization:	
4. Notary Public Signature: **ATTEST**	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

BLOCK G – 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:	

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 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
TEMPORARY MILITARY TRANSFER OF IFQ

A quota share (QS) holder may apply for a temporary military transfer by submitting a temporary military transfer application to the Alaska Region, NMFS. A QS holder who has received an approved temporary military transfer from NMFS Restricted Access Program (RAM) may transfer the individual fishing quota (IFQ) derived from his or her own QS to an individual eligible to receive IFQ.

In the event of a military mobilization affecting a QS holder that prevents him or her from being able to participate in the halibut or sablefish IFQ fisheries, the Regional Administrator may approve a temporary military transfer for the IFQ derived from the QS held by a QS holder affected by the military mobilization.

General. A temporary military transfer will be approved if the QS holder demonstrates that he or she is unable to participate in the IFQ fishery for which he or she holds QS because of a military mobilization or activation to duty status.

Eligibility. To be eligible to receive a temporary military transfer, a QS holder must:

- Be a member of a branch of the U.S. National Guard or other U.S. military reserve.
- Possess one or more catcher vessel IFQ permits.
- Not qualify for a hired master exception under § 679.42(i)(1).

Note: A Separate Application must be submitted for each Temporary Military Transfer of IFQ.

A temporary military transfer application is available at http://www.alaskafisheries.noaa.gov. 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.

COMPLETING THE APPLICATION

A complete application must include:

BLOCK A – QUALIFYING QUESTIONS

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 a temporary military transfer. If you check YES, the submitted temporary military transfer application will be denied.

BLOCK B – ATTACHMENTS

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.

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

1. Name: Full name as it appears on QS Certificate and/or TEC.

2. NMFS Person ID: As found on QS Certificate or TEC.

3. Date of Birth: Birth date of the person.

4. Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.

5. Temporary Business Mailing Address: Address you want the transfer documentation sent if somewhere other than to the permanent address. Include street or P.O. Box number, city, state, and zip code.

6-8. Business Telephone Number, Business Fax Number (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 -- CERTIFICATION OF TRANSFEROR

Sign and print your name and date the application. If completed by a representative, attach authorization..

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 G - CERTIFICATION OF TRANSFEREE

Sign and print your name and date the application. If completed by a representative, attach authorization.

A Notary Public must Attest, affix Notary Stamp, and provide date commission expires. The Notary Public cannot be the person(s) submitting this application.

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

NOTE: A separate application must be submitted for each IFQ Emergency Medical Transfer.

Emergency Medical Transfers remain in effect only for the calendar year of the transfer.

BLOCK A

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

Does the Transferee (No Medical Condition) hold a Transfer Eligibility Certificate (TEC)? 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. Permanent Business Mailing Address:	5. Temporary Business Mailing Address *(see instructions):*

6. Business Telephone No.:	7. Business Fax No.:	8. e-mail Address (if any):

.

BLOCK D – TRANSFEREE (NO MEDICAL CONDITION)		
1. Name:	2. NMFS Person ID: 3. Date of Birth:	
4. Permanent Business Mailing Address:	5. Temporary Business Mailing Address *(see instructions):*	
6. Business Telephone No.:	7. Business Fax No.:	8. E-mail Address (if any)

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 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) $ _____/pound of 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) [ ] AK Com. Fish & Ag. Bank [ ] Received as a gift [ ] Private bank/credit union [ ] Transferor/seller [ ] NMFS loan program [ ] Alaska Dept. Of Commerce [ ] Processor/fishing company [ ] Other *(explain)*
2. How was the IFQ located (*check all that apply*)? [ ] Relative [ ] Advertisement/public notice [ ] Broker [ ] Personal friend [ ] Casual acquaintance [ ] Other *(explain)*
3. What is the Transferee's relationship to the IFQ Holder (*check all that apply*)? [ ] No relationship [ ] Relative [ ] Business partner [ ] Friend [ ] Family member [ ] Other (explain)

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	
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 permit 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.

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 (RAM)
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.

COMPLETING THE APPLICATION

BLOCK A

Does the Transferor (Medical Condition) qualify for a hired master exception under 50 CFR 679.42(i)(1)?

50 CFR §679.42(i) provides that individuals initially issued QS may hire a master to harvest their annual IFQ on a vessel that the QS holder has at least a 20% ownership interest in (see regulations for exceptions). If the transferor is a person who may hire a master to harvest their annual IFQ, the transferor is ineligible to receive an EMT. If you check "Yes," the submitted EMT application will be denied.

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

Only a person that received QS 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.

BLOCK B – ATTACHMENTS

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.

BLOCK C -- TRANSFEROR (MEDICAL CONDITION)

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. Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.

5. 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.

6-8 Business Telephone and Fax Numbers (Include the area codes), and E-mail Address (if any).

BLOCK D -- TRANSFEREE (NO MEDICAL CONDITION)

2. 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. Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.

5. 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.

6-8 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. Range of serial numbers for IFQ to be transferred, numbered To and From (Serial Numbers are shown on the QS Certificate):

5. Actual Number of IFQ Pounds to be transferred

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 including verification that the applicant is unable to participate in the IFQ fishery for which he or she holds IFQ permits during the IFQ season because of the medical condition and, for an affected family member, a description of the care required. 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.

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 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 TRANSFER OF QS/IFQ BY SELF SWEEP-UP

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service (NMFS)
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668
(800) 304-4846 toll free / 586-7202 in Juneau
(907) 586-7354 fax

SWEEP UP LIMITS

To complete a **"Self Sweep-Up"** (i.e., to combine two blocks that you currently hold), use this form instead of the standard Application for Transfer of QS/IFQ form. In the space provided, identify yourself and the blocks of Quota Share (QS) you wish to combine; sign and date the application in the presence of a Notary Public; **attach both original QS certificates**; and submit all to RAM at the address above. **NOTE:** To be combined, QS must be in the same **Vessel Category**, and the resulting block size must not exceed the **Sweep Up Limits** (see Block B).

Halibut Area	Quota Share Units	Sablefish Area	Quota Share Units
2C	33,320	SE	33,270
3A	46,520	WY	43,390
3B	44,193	CG	46,055
4A	22,947	WG	48,410
4B	15,087	AI	99,210
4C	30,930	BS	91,275
4D	26,082		

BLOCK A - APPLICANT INFORMATION

(Type or Print legibly)

1. Name(full name):

2. NMFS Person ID:

3. Date of Birth:

4. Business Mailing Address: [ ] Permanent [ ] Temporary

5. Business Telephone No.:

6. Business Fax No.:

7. Business E-mail address (if available):

BLOCK B - FIRST QUOTA SHARE BLOCK

1. Halibut [ ] or Sablefish [ ]

2. IFQ Regulatory Area:

3. Vessel Category:

4. Number of QS Units to be Swept up:

5. Numbered To and From (Serial Numbers are shown on the QS Certificate):

BLOCK C - SECOND QUOTA SHARE BLOCK	
1. Halibut [ ] or Sablefish [ ]	2. IFQ Regulatory Area:
3. Vessel Category:	4. Number of QS Units to be Swept up:
5. Numbered To and From (Serial Numbers are shown on the QS Certificate):	

BLOCK D - CERTIFICATION OF QS HOLDER	
I am a duly authorized representative of the applicant; by my signature below, I declare that I have examined this application in its entirety, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of QS holder or Authorized Representative:	2. Date:
3. Printed Name of QS Holder or Authorized Representative: **Note**: If representative, attach authorization:	
4. Notary Public (Signature): **ATTEST**	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing the 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 Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, Alaska Region, P.O. Box 21668, Juneau, AK 99801.

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 as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

INSTRUCTIONS
APPLICATION FOR TRANSFER OF QS/IFQ
BY SELF SWEEP-UP

Use this application to complete a **"Self Sweep-Up"** (i.e., to combine two blocks that you currently hold). To be combined, QS must be in the same **Vessel Category**, and the resulting block size must not exceed the **Sweep Up Limits**.

Sweep Up Limits

Halibut	Quota Share	Sablefish	Quota Share
Area	**Units**	**Area**	**Units**
2C	33,320	SE	33,270
3A	46,520	WY	43,390
3B	44,193	CG	46,055
4A	22,947	WG	48,410
4B	15,087	AI	99,210
4C	30,930	BS	91,275
4D	26,082		

Application forms submitted to Restricted Access Management (RAM) must bear the original signatures of the parties — RAM will not process faxed applications.

Attach both original QS certificates and submit by U.S. mail or courier with completed application. **RAM will not process faxed applications.**

Submit to RAM at:.

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

If you need additional information:

Call RAM: **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**

E-Mail Address: RAM.Alaska@noaa.gov

Web Site: https://alaskafisheries.noaa.gov

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.

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.

COMPLETING THE APPLICATION

BLOCK A - APPLICANT INFORMATION

1. Enter full name
2. Enter NMFS Person ID
3. Enter Business Mailing Address; indicate whether permanent or temporary
4. Date of Birth

5-7. Business Telephone Number, Business Fax Number, and Business E-mail DRESS (if available)

BLOCK B - FIRST QUOTA SHARE BLOCK

1. Identify the blocks of Quota Share (QS) you wish to combine – Halibut or Sablefish
2. Enter IFQ Regulatory Area
3. Enter Vessel Category
4. Number of QS Units to be Swept up
5. Starting and ending serial number of shares to be transferred
   [For example, H-2C-C-B-123,456 *THROUGH* H-2C-C-B-789,493]

BLOCK C -- SECOND QUOTA SHARE BLOCK

1. Identify the blocks of Quota Share (QS) you wish to combine – Halibut or Sablefish
2. Enter IFQ Regulatory Area
3. Enter Vessel Category
4. Number of QS Units to be Swept up
5. Starting and ending serial number of shares to be transferred
   [For example, H-2C-C-B-123,456 *THROUGH* H-2C-C-B-789,493]

BLOCK D - CERTIFICATION OF QS HOLDE

Enter printed name, signature, and date signed in the presence of a Notary Public.

If a representative, attach proof of authorization.

A Notary Public must sign (Attest), provide date commission expires, and affix Notary Stamp.

The Notary Public cannot be the person(s) submitting this application.

should be used for assessing an interoperability tests' suitability for inclusion in the P25 CAP. The following criteria are provided as a basis for comment:

- For all information fields relevant to the feature under test, is a linearly independent set of values used across the entire allowable range?
- Is timing between subsequent packets identified related to transmission or reception of voice or message/alarm examined?
- Can functionality already be tested using other P25 CAP-recognized testing criteria?
- Does the interoperability test procedure address and test adverse responses due to configurations of parameter values outside the normal or permissible range?
- Does the test procedure accommodate evaluation of a test article's behavior where multiple defined responses are possible?
- If capable, does each unit under test perform the roles of both transmitter and receiver during the test?
- Does the test provide definitive predictive outcomes (behaviors) for all articles under test?

More information about the P25 CAP is available at *http://www.safecomprogram.gov.* More information about NIST/OLES can be found at *http://www.nist.gov/oles/.*

Registration: Anyone wishing to attend this teleconference must express interest by the close of business on Friday, May 6, 2011. Please submit your name, e-mail address, and phone number to Corey Reynolds, *creynolds@corneralliance.com*, and he will provide logistics information for the call.

To be considered at the meeting, written comments and input on the features and functionalities and conformance and interoperability test criteria should be submitted to Corey Reynolds, *creynolds@corneralliance.com* by Friday, May 6, 2011. Verbal comments will also be heard at the teleconference.

Dated: April 26, 2011.

Katharine B. Gebbie,

Director, Physical Measurement Laboratory.

[FR Doc. 2011–10436 Filed 4–28–11; 8:45 am]

BILLING CODE 3510–13–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Proposed Information Collection; Comment Request; Alaska Individual Fishing Quotas (IFQs) for Pacific Halibut and Sablefish

AGENCY: National Oceanic and Atmospheric Administration (NOAA).

ACTION: Notice (renewal of a currently approved information collection).

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995.

DATES: Written comments must be submitted on or before June 28, 2011.

ADDRESSES: Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6616, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at *dHynek@doc.gov).*

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Patsy A. Bearden, (907) 586–7008 or *patsy.bearden@noaa.gov*.

SUPPLEMENTARY INFORMATION:

I. Abstract

This request is for renewal of a currently approved information collection.

The Pacific Halibut and Sablefish Individual Fishing Quota (IFQ) Program was developed to reduce fishing capacity that had increased during years of management as an open access fishery, while maintaining the social and economic character of the fixed gear fishery that is relied on as a source of revenue for coastal communities in Alaska. The Halibut and Sablefish IFQ Program provides economic stability for the commercial hook-and-line fishery while reducing many of the conservation and management problems commonly associated with open access. The IFQ Program for sablefish and Pacific halibut fixed gear provides each fisherman a catch quota that can be used any time during the open season. Individual shares are intended to allow fishermen to set their own pace and adjust their fishing effort. The IFQ Program is intended to reduce the premium that was traditionally placed on speed, allowing fishermen to pay more attention to efficiency and product quality. The IFQ Program consists of three parts: IFQ halibut and sablefish, Western Alaska Community Development Quota (CDQ) halibut, and Gulf of Alaska (GOA) IFQ community quota share. This action is a request for renewal for the collection-of-information.

II. Method of Collection

Respondents have a choice of either electronic or paper forms. Methods of submittal include e-mail of electronic forms, and mail and facsimile transmission of paper forms.

III. Data

OMB Control Number: 0648–0272.

Form Number: None.

Type of Review: Regular submission (renewal of a currently approved collection).

Affected Public: Business or other for-profit organizations; individuals or households.

Estimated Number of Respondents: 2,478.

Estimated Time per Response: 2 hours for Eligibility to Receive QS/IFQ Application; 30 minutes for IFQ/CDQ Hired Master Permit Application; 30 minutes for IFQ/CDQ Registered Buyer Permit Application; 30 minutes for Application for Replacement of Certificates, Permits, or Licenses Application; 200 hours for Application to Become a Community Quota Entity (CQE); 10 hours for Community Petition to Form Governing Body; 2 hours for Transfer of QS/IFQ Application; 2 hours for Transfer of QS/IFQ by Sweep-up Application; 2 hours for Transfer of QS/IFQ to or from a CQE Application; 30 minutes for Approval of Transfer from Governing Body; 2 hours for QS Holder—Identification of Ownership Interest; 40 hours for CQE Annual Report; 4 hours for Letter of Appeal; 30 minutes for QS/IFQ Beneficiary Designation Form; 30 minutes for Annual Updates on the Status of Corporations and Partnerships QS; 6 minutes for IFQ Administrative Waiver; 12 minutes for Prior Notice of IFQ Landing; 15 minutes for Departure Report; 12 minutes for Transshipment Authorization; and 6 minutes for Dockside Sales Receipt; 18 minutes for Electronic Landing Report; 18 minutes for Manual Landing Report; 2 hours for Military Transfer; 4 hours for Military Transfer Appeal; 2 hours for Emergency Medical Transfer; and 4 hours for Emergency Medical Transfer.

Estimated Total Annual Burden Hours: 20,388.

Estimated Total Annual Cost to Public: $38,776 in recordkeeping/reporting costs.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: April 26, 2011.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. 2011–10394 Filed 4–28–11; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

RIN 0648–XA365

Gulf of Mexico Fishery Management Council; Public Meetings; Correction

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of correction of public meetings.

SUMMARY: The Gulf of Mexico Fishery Management Council will convene Public Hearings on: Amendment 18 to the Fishery Management Plan for Coastal Migratory Pelagic Resources in the Atlantic and Gulf of Mexico; Joint Amendment 10 to the Spiny Lobster Fishery Management Plan for the Gulf of Mexico and South Atlantic; Generic Annual Catch Limits/Accountability Measures Amendment for the Gulf of Mexico Fishery Management Council's Red Drum, Reef Fish, Shrimp, Coral and Coral Reefs, and Stony Crab Fishery Management Plans.

DATES: The public meetings will be held on May 2, 2011, through May 12, 2011, at fourteen locations throughout the Gulf of Mexico. The public hearings will begin at 6 p.m and will conclude no later than 9 p.m. For specific dates, see **SUPPLEMENTARY INFORMATION**.

ADDRESSES: The public meetings will be held at locations listed in the **SUPPLEMENTARY INFORMATION** section.

Council address: Gulf of Mexico Fishery Management Council, 2203 N. Lois Avenue, Suite 1100, Tampa, FL 33607.

FOR FURTHER INFORMATION CONTACT: Dr. Richard Leard, Deputy Executive Director/Senior Fishery Biologist, Dr. Steven Atran, Population Dynamics Statistician and Dr. Carrie Simmons, Fishery Biologist; Gulf of Mexico Fishery Management Council; telephone: (813) 348–1630.

SUPPLEMENTARY INFORMATION: The original notice was published in the **Federal Register** on April 14, 2011 (76 FR 20957). There are changes to the dates, locations and agenda; therefore, the notice is being republished in its entirety.

Spiny Lobster

Public hearings will be held on Joint Amendment 10 to the Spiny Lobster Fishery Management Plan for the Gulf of Mexico and South Atlantic. Joint Amendment 10 establishes Annual Catch Limits and Accountability Measures for Caribbean spiny lobster as required by the Magnuson-Stevens Act. This amendment includes additional actions addressing modifications to the Fishery Management Unit, updates to protocol for Enhanced Cooperative Management, regulations regarding the possession of undersized lobsters or "shorts" as attractants for the commercial trap fishery, permit requirements for tailing spiny lobster, sector allocations, limiting spiny lobster fishing areas to protect threatened staghorn and elkhorn corals, and requirements for gear marking of all spiny lobster trap lines.

Reef Fish

Amendment 32: This amendment will establish annual catch limits and annual catch targets for 2012 to 2015 for gag and for 2012 for red grouper, and contains actions to establish a rebuilding plan for gag, set recreational bag limits, size limits and closed seasons for gag/red grouper in 2012, consider a commercial gag and shallow-water grouper quota adjustment to account for dead discards, make adjustment to multi-use IFQ shares in the grouper individual fishing quota program, reduce the commercial gag size limit, modify the offshore time and areas closures, and establish gag, red grouper, and shallow-water grouper accountability measures.

Generic Amendment

Public hearings will also be held to receive comments on the Generic Annual Catch Limits/Accountability measures Amendment for the Gulf of Mexico Fishery Management Council's Red Drum, Reef Fish, Shrimp, Coral and Coral Reefs, and Stone Crab Fishery Management Plans. This amendment contains actions to delegate management of selected species to the other agencies, remove selected species from the fishery management plans, group species for purposes of setting annual catch limits and annual catch targets, establish an acceptable biological catch control rule, establish an annual catch limit/annual catch target control rule, establish a generic framework procedure for implementing management changes, establish the initial specification of annual catch limits and annual catch targets for stocks and stock groups still in need of such specification, establish the apportionment of the black grouper, yellow tail snapper, and mutton snapper stocks between the Gulf and South Atlantic Council jurisdictions, set a commercial and recreational allocation of black grouper within the Gulf Council's jurisdiction, and establish accountability measures to keep catch levels within their annual catch limits or take corrective action if they exceed the limits.

The Public Hearings will begin at 6 p.m. and conclude at the end of public testimony or no later than 9 p.m. at the following locations:

Monday, May 2, 2011

- ACL—Hilton St. Petersburg Carillon Parkway, 950 Lake Carillon Drive, St. Petersburg, FL, telephone: (727) 540–0050; and
- ACL—Clarion Hotel, 12635 South Cleveland Avenue, Fort Myers, FL 33907, telephone: (239) 936–4300.

Tuesday, May 3, 2011

- Amend 32—Hilton St. Petersburg Carillon Parkway, 950 Lake Carillon Drive, St. Petersburg, FL, telephone: (727) 540–0050; and
- Amend 32—Clarion Hotel, 12635 South Cleveland Avenue, Fort Myers, FL 33907, telephone: (239) 936–4300.

Wednesday, May 4, 2011

- Amend 32—Banana Bay Resort, 4590 Overseas Highway, Marathon, FL 33050, telephone: (305) 743–3500.