NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 02/27/2015

Department of Commerce
National Oceanic and Atmospheric Administration

FOR CERTIFYING OFFICIAL: Jerry Harper
FOR CLEARANCE OFFICER: Jennifer Jessup

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 02/25/2015

ACTION REQUESTED: No material or nonsubstantive change to a currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 201502-0648-008
AGENCY ICR TRACKING NUMBER:
TITLE: Alaska Region BSAI Crab Permits
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change
OMB CONTROL NUMBER: 0648-0514
The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 07/31/2017 DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	1,472	1,621	8,135
New	1,472	1,621	8,135
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE: Terms of the previous clearance remain in effect.

OMB Authorizing Official: Dominic J. Mancini
Acting Deputy Administrator,
Office Of Information And Regulatory Affairs

List of ICs			
IC Title	Form No.	Form Name	CFR Citation
Annual application for crab IFQ permit	NA	Application for Crab IFQ permit	
Application for Crab IPQ permit	NA	Application for crab IPQ permit	
Application for an Annual Crab Harvesting Cooperative IFQ Permit	NA	Application for Crab Harvesting Cooperative IFQ Permit	
Application for Registered Crab Receiver (RCR) Permit	NA	Application for Registered Crab Receiver Permit	
Application for Crab IFQ Hired Master Permit	NA	Application for Crab IFQ Hired Master Permit	
Application for federal crab vessel permit	NA	Application for federal crab vessel permit	
Application to become an ECCO	NA	Application to become an ECCO	
Application for eligibility to receive crab QS/IFQ or PQS/IPQ by transfer	NA	Application to receive crab QS/IFQ or PQS/IPQ by transfer	
Application for transfer of crab IFQ	NA	Transfer of Crab IFQ	
Application for transfer of crab QS/IFQ to or from an ECCO	NA	Application for transfer of crab QS/IFQ to or from an ECCO	
Application for transfer of IFQ between crab harvesting cooperatives	NA	Transfer of IFQ between crab harvesting cooperatives	
Right of first refusal contracts			50 CFR 680
Right of first refusal waivers			50 CFR 680
Appeal of denial of any application			50 CFR 680
Application for Transfer of Crab IPQ	NA	Transfer of Crab IPQ	
Application for transfer of crab QS or PQS	NA	Transfer of crab QS or PQS	
Application for Converted CPO Quota Share and CPO IFQ	NA	Application for Converted CPO Quota Share and CPO IFQ	
WAG exemption application	NA	Application for Annual Exemption from Western Aleutian Islands Golden King Crab West Region Delivery Requirements	
Application for North or South Regional Exemption	NA	Application for exemption from CR Crab Regional Delivery Requirements	
Annual North or South Regional Delivery Exemption Report			50 CFR 680.4
CDQ notification of community representative			50 CFR 680.4
Community Impact Report or IPQ Holder Report (Response Report)			50 CFR 680.4
Crab transfer of QS to designated beneficiary	NA	Transfer of QS to beneficiary	
ECCO annual report (transferred from OMB Control No. 0648-0570)			

JUSTIFICATION FOR CHANGE
ALASKA REGION BSAI CRAB PERMITS
OMB CONTROL NO. 0648-0514

This request is for revision of Crab Rationalization (CR) Program permits, CR permit transfers, and appeals due to associated rule **(RIN 0648-BA61).**

The National Marine Fisheries Service (NMFS) proposes regulations to implement Amendment 31 to the Fishery Management Plan for Bering Sea and Aleutian Islands King and Tanner Crabs (FMP). Amendment 31 is necessary to ensure that catcher vessel crew (CVC) or catcher/processor crew (CPC) quota share (QS) are held by individuals who are active in the CR Program fisheries and to ensure that application deadlines for individual fishing quota (IFQ), individual processing quota (IPQ), and cooperative formation provide adequate time to resolve disputes.

This action changes the following:

- Establishes an earlier deadline (from August 1 to June 15) for filing annual IFQ, individual processing quota (IPQ), and crab harvesting cooperative IFQ applications, which would increase the amount of time during which NMFS would suspend the processing of IFQ and IPQ transfer applications

- Shortens the amount of time in which to appeal an initial administrative determination (IAD) denying an allocation of IFQ, IPQ, or crab cooperative formation from 60 days to 30 days. The proposed rule also would substitute the appeals process set forth at 50 CFR § 679.43 with the appeal procedures at 15 CFR part 906.

- For each fishery, halts crab quota share transfers from June 15 until the time that NMFS issues IFQ and IPQ for the fishery, or until Alaska Department of Fish and Game (ADF&G) notifies NMFS that the fishery will not open that year. Moving the deadline to June 15 would create a period of approximately three and one-half months during which no transfers would be permitted. However, this limitation should have a minimal effect on fishery participants, since most CR Program fisheries are not open during this period.

- Provides that an applicant's proof of timely filing for IFQ, IPQ, or cooperative formation creates a presumption of timely filing.

This action would change the submittal deadline for the following forms:

- IFQ application
- IFQ transfer application
- IPQ application
- IPQ transfer application
- Coop IFQ application
- Application for Transfer of Individual Fishing Quota (IFQ) between Crab Harvesting Cooperatives
- Application for BSAI Crab Eligibility to Receive QS/PQS or IFQ/IPQ by Transfer

- Application for Transfer of Crab QS or PQS
- Application for Converted CPO Quota Share (QS) and CPO IFQ

In addition, NMFS is taking this opportunity to remove unneeded data elements: date of birth and/or date of incorporation.

Respondent burden hours and costs will not change.

NMFS received a total of three comment letters from two different persons during the comment periods on Amendment 31 and the proposed rule to implement the amendment. The letters contained three separate topics.

Comments and Responses

NMFS received three letters of public comment from two individuals during the public comment periods for Amendment 31 and the proposed rule. A summary of the comments received and NMFS' responses follow.

Comment 1: The commenter supports the change of the IFQ/IPQ permit application date from August 1 to June 15. This change will reduce the potential for stranding crab because adjudicative proceedings involving IFQ or IPQ permit applications will likely be resolved by the time IFQ and IPQ are issued.

Response: NMFS acknowledges this comment and agrees with the commenter that the potential for stranding crab will be reduced with the new application deadline.

Comment 2: All quotas should be cut by 25%.

Response: NMFS acknowledges this comment. However, the comment is outside the scope of this action, as this action doesn't deal with changes to quota.

Comment 3: I oppose amending Bering Sea and Aleutian Islands Crab Rationalization Program to expand eligibility requirements. I believe in sustainability and this action is just more overfishing.

Response: NMFS disagrees that the temporary expansion of eligibility requirements for acquiring C share QS will lead to unsustainability and overfishing of crab stocks. This action does not alter the TAC of any CR Program crab fisheries. Therefore, it does not increase any fishing. Instead, this action, which is more administrative in nature, provides an opportunity for those individuals who may have been forced out of the crab fisheries due to fleet contraction at the beginning of the CR Program to obtain C shares to fish crab again. This action also requires captains and crew to be active on a vessel, in order to maintain their QS, which achieves the Council's intent which was to ensure holders of C shares are actively participating in fishing and does not, in any way, increase the amount of C share QS originally issued under the CR Program.

PAPERWORK REDUCTION ACT
CHANGE WORKSHEET

Agency/Subagency	OMB Control Number
DOC/NOAA/NMFS	0648-0514

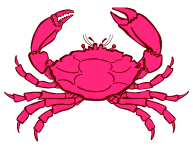
	Enter only items that change Current record	New record
Agency form number (s)		
Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference		
Program change Adjustment		
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change Adjustment		

Other changes**

This request is to change submittal deadlines for 8 forms, in conjunction with Final Rule 0648-BA61. In addition, unneeded data elements have been removed: date of birth and/or date of incorporation.

Signature of Senior Official or designee:	Date:	For OIRA Use

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



APPLICATION FOR ANNUAL CRAB INDIVIDUAL FISHING QUOTA (IFQ) PERMIT

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

Annual Application Deadline – June 15

- Applications received after June 15 may not be processed and IFQ may not be issued to the applicant.
- Applicants for a CVC or CPC IFQ Permit must demonstrate recent participation in the CR crab fisheries, even if they are currently or have in the past joined a crab harvesting cooperative. See Block D.
- If Applicant has joined a crab harvesting cooperative, a copy of this application must be submitted with the cooperative's application(s) for annual crab harvesting cooperative IFQ permit.

BLOCK A –APPLICANT INFORMATION

1. Name of Applicant:	2. Applicant's NMFS Person ID:	
3. Permanent Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-mail Address:

BLOCK B – TYPE OF ANNUAL IFQ FOR WHICH APPLICATION IS MADE

1. Place a check mark to indicate those fisheries for which applicant is applying for IFQ.

   [ ] ALL QUOTA SHARE (QS) FISHERIES for which applicant holds QS

   Only those fisheries checked below:

[ ] BBR	[ ] BSS	[ ] EAG
[ ] EBT	[ ] WBT	[ ] PIK
[ ] SMB	[ ] WAG	[ ] WAI

2. Do you intend to join a Cooperative?

   [ ] YES [ ] NO

   (**If YES**, complete Block C below)

BLOCK C – COOPERATIVE IFQ ASSIGNMENT *Complete if some or all of the Applicant's Annual IFQ is to be assigned to a crab harvesting cooperative*	
On the table below, enter the name of the crab harvesting cooperative(s) the Applicant has joined for each crab fishery. If Applicant has joined the same crab harvesting cooperative for all crab fisheries for which the Applicant holds QS, list the cooperative name in the row named ALL QS FISHERIES.	
Fishery	**Name of Cooperative to which crab fishery IFQ is to be assigned**
ALL QS FISHERIES	
BBR	
BSS	
EAG	
EBT	
WBT	
PIK	
SMB	
WAG	
WAI	

BLOCK D – CVC/CPC QS Holder Active Participation

CVC and CPC QS holders must demonstrate active participation in a CR fishery, a State of Alaska fishery or an Alaska Federal fishery. Beginning in July 2018, NMFS will not issue annual IFQ to any holder of CVC or CPC QS that has not demonstrated the required recent participation. NMFS will use the information provided below to track recent participation for CVC and CPC QS holders.

Did you participate in at least one delivery of crab in any CR crab fishery during the crab fishing year immediately preceding the date of this application?

[ ] YES [ ] NO

If you were an initial recipient of CVC or CPC QS, did you participate in a State of Alaska or Alaska federal fisheries in the fishing season preceding the date of this application?

[ ] YES: List the number of days of participation _____.

[ ] NO

Acceptable evidence of active participation is required for any "YES" answer. Acceptable evidence includes ADF&G fish tickets or affidavits from vessel owners.

Note: No allocation of annual CVC/CPC IFQ will be withheld for lack of participation until after the submission of the Application for Annual Permit IFQ during the fourth crab fishing season 2018. CVC and CPC QS holders who do not meet the above active participation requirements for 4 consecutive years will have their QS revoked by NMFS 5 years (beginning July 1, 2019) from implementation of this requirement.

BLOCK E – IDENTIFICATION OF OWNERSHIP INTEREST *To be completed by Applicants who are NOT individuals (i.e., corporations, partnerships, etc.)*			
If the Applicant identified in Block A is not an individual (i.e. is a corporation, partnership or some other entity), list the name(s) of all owners of the Applicant, together with the percent of ownership. If a listed owner is not an individual, provide the same information for each owner until all owners and their percent of ownership are revealed to the individual level.			
Name of Owner	% Interest	Name of Owner	% Interest

Duplicate this form as necessary to display all of the Applicant's owners (and owners of owners)

BLOCK F – DECLARATION OF AFFILIATION ***To be completed by Applicants for IFQ***		
Indicate whether the Applicant is "affiliated" with an entity that holds Processing Quota Share (PQS) and/or Individual Processing Quota (IPQ). Information regarding affiliation is required to determine the correct allocation of "A" and "B" category IFQ to the Applicant. **Note**: this Declaration of Affiliation is valid for the entire Crab Fishing Year for which the Applicant is seeking IFQ.		
Having read and understood the Regulatory definition of "Affiliation" as set out below, the Applicant declares as follows: [ ] YES, the Applicant **is affiliated** with one or more entity(ies) that holds PQS or IPQ [ ] NO, the Applicant is **not affiliated** with any entity that holds PQS or IPQ **If YES**, the Applicant must identify all holders of PQS or IPQ with which it is affiliated. Provide the name, business address, and telephone number below:		
PQS/IFQ Holder Name	Business Address	Business Telephone Number

"**Affiliation**" is defined in the Crab Rationalization regulations as follows (50 CFR § 680.2 – Definitions):

Affiliation means a relationship between two or more entities in which one directly or indirectly owns or controls a 10 percent or greater interest in, or otherwise controls, another, or a third entity directly or indirectly owns or controls a 10 percent or greater interest in, or otherwise controls, both. For purposes of this definition, the following terms are further defined:

(1) **Entity**. An entity may be an individual, corporation, association, partnership, joint-stock company, trust, or any other type of legal entity, any receiver, trustee in bankruptcy or similar official or liquidating agent, or any organized group of persons whether incorporated or not, that holds direct or interest in:
   (i) Quota share (QS), processor quota share (PQS), individual fishing quota (IFQ), or individual processing quota (IPQ); or,
   (ii) For purposes of economic data report (EDR), a vessel or processing plan operating in CR fisheries.

(2) **Indirect interest**. An indirect interest is one that passes through one or more intermediate entities. An entity's percentage of indirect interest in a second entity is equal to the entity's percentage of direct interest in an intermediate entity multiplied by the intermediate entity's direct or indirect interest in the second entity.

(3) **Controls a 10 percent or greater interest**. An entity controls a 10 percent or greater interest in a second entity if the first entity:
   (i) Controls a 10 percent ownership share of the second entity, or
   (ii) Controls 10 percent or more of the voting stock in the second entity.

(4) **Otherwise controls**.
   (i) A PQS or IPQ holder otherwise controls a QS or IFQ holder if it has:
      (A) The right to direct, or does direct, the business of the entity which holds the QS or IFQ;
      (B) The right in the ordinary course of business to limit the actions of or replace, or does limit or replace, the chief executive officer, a majority of the board of directors, any general partner, or any person serving in a management capacity of the entity which holds the QS or IFQ;
      (C) The right to direct, or does direct, the transfer of QS or IFQ;
      (D) The right to restrict, or does restrict, the day-to-day business activities and management policies of the entity holding the QS or IFQ through loan covenants;
      (E) The right to derive, or does derive, either directly, or through a minority shareholder or partner, and in favor of a PQS or IPQ holder, a significantly disproportionate amount of the economic benefit from the holding of QS or IFQ;
      (F) The right to control, or does control, the management of or to be a controlling factor in the entity holding QS or IFQ;
      (G) The right to cause, or does cause, the sale of QS or IFQ;
      (H) Absorbs all of the costs and normal business risks associated with ownership and operation of the entity holding QS or IFQ; and
      (I) Has the ability through any other means whatsoever to control the entity that holds QS or IFQ.

   (ii) Other factors that may be indicia of control include, but are not limited to, the following:
      (A) If a PQS or IPQ holder or employee takes the leading role in establishing an entity that will hold QS or IFQ;
      (B) If a PQS or IPQ holder has the right to preclude the holder of QS or IFQ from engaging in other business activities;
      (C) If a PQS or IPQ holder and QS or IFQ holder use the same law firm, accounting firm, etc.;
      (D) If a PQS or IPQ holder and QS or IFQ holder share the same office space, phones, administrative support, etc.;
      (E) If a PQS or IPQ holder absorbs considerable costs and normal business risks associated with ownership and operation of the QS or IFQ holdings;
      (F) If a PQS or IPQ holder provides the start up capital for the QS or IFQ holder on less than an arm's-length basis;
      (G) If a PQS or IPQ holder has the general right to inspect the books and records of the QS or IFQ holder;
      (H) If the PQS or IPQ holder and QS or IFQ holder use the same insurance agent, law firm, accounting firm, or broker of any PQS or IPQ holder with whom the QS or IFQ holder has entered into a mortgage, long-term or exclusive sales or marketing agreement, unsecured loan agreement, or management agreement.

BLOCK G – APPLICANT SIGNATURE	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Applicant:	2. Date:
3. Printed Name of Applicant: **(Note:** If completed by an authorized representative, **attach** authorization):	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2.5 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 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 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 ANNUAL CRAB INDIVIDUAL FISHING QUOTA (IFQ) PERMIT

GENERAL

IFQ permits are issued annually to eligible persons who hold Quota Share (QS). These permits authorize their holders to harvest a specific amount of crab, under the terms and conditions set out on the permit. IFQ permits are valid for one year -- the crab year for which they are issued.

Because issuance of the correct amount and type of IFQ is entirely dependent on information provided by QS holders on their annual IFQ applications, an application that is received after June 15 may not be processed and may not yield annual IFQ.

Completed application must be received by NMFS **no later than June 15**. Applications received after June 15 may not be processed, and IFQ may not be issued to the applicant.

This application cannot be processed or approved unless applicant has met all the requirements and conditions of the CR Program, including (as appropriate) payment of all outstanding fees submitted to NMFS on or before **July 31**.

Submit the completed 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 99801

Or, by fax to: **907-586-7354**

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

RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at **http://alaskafisheries.noaa.gov.**

COMPLETING THE APPLICATION

BLOCK A – APPLICANT INFORMATION

1. Provide the Applicant's name.

2. Provide the Applicant's NMFS Person ID.

3. Provide the Applicant's permanent mailing address.

4-6. Provide the business telephone number, business fax number, and business e-mail address *(if available)* for the Applicant or the Applicant's designated representative

BLOCK B – TYPE OF ANNUAL QUOTA FOR WHICH APPLICATION IS MADE

1. Place a check mark to indicate those fisheries for which applicant is applying for IFQ.

   Check the box for only those fisheries applying for, OR

   Check the box ALL QS FISHERIES if applying for all fisheries for which applicant holds QS.

2. Indicate whether you intend to join a Cooperative. **If YES**, complete Block C.

BLOCK C – COOPERATIVE IFQ ASSIGNMENT

Complete this block if some or all of the Applicant's Annual Individual Fishing Quota is to be assigned to a crab harvesting cooperative.

Enter the name of the crab harvesting cooperative(s) the Applicant has joined for each crab fishery.

If Applicant has joined the same crab harvesting cooperative for all crab QS Fisheries for which the Applicant holds quota share, list the cooperative name in the row named ALL QS FISHERIES.

NOTE: If the Applicant has joined a cooperative, a copy of this IFQ application must be submitted by the Cooperative, together with the Cooperative's completed application for annual Crab Harvesting Cooperative IFQ permit.

BLOCK D – CVC/CPC QS HOLDER ACTIVE PARTICIPATION

CVC and CPC QS holders must demonstrate active participation in a CR fishery, a State of Alaska fishery or an Alaska Federal fishery. Beginning in 2018, NMFS will not issue annual IFQ to any holder of CVC or CPC QS that has not demonstrated the required recent participation. NMFS will use the information in this application to track recent participation for CVC and CPC QS holders.

Indicate YES or NO that you participated in at least one delivery of crab in any CR crab fishery during the crab fishing year immediately preceding the date of this application.

If YES, you must provide documentation supporting your participation. Acceptable documentation includes ADF&G fish tickets with your name and signature and/or an affidavit from the vessel owner.

If NO, see note below.

If you were an initial recipient of CVC or CPC QS, indicate YES or NO that you participated in a State of Alaska or Alaska Federal fisheries in the fishing season preceding the date of this application.

If YES, list the number of days participated and provide documentation supporting your statements. Acceptable documentation includes ADF&G fish tickets with your name and signature and/or an affidavit from the vessel owner.

If NO, no allocation of annual CVC/CPC IFQ will be withheld for lack of participation until after the submission of the Application for Annual IFQ Permit during the fourth crab fishing season (2018). CVC and CPC QS holders who do not meet the above active participation requirements for 4 consecutive years will have their QS revoked by NMFS 5 years (beginning July 1, 2019) from implementation of this requirement.

BLOCK E – IDENTIFICATION OF OWNERSHIP INTEREST

If the Applicant is a non-individual (*i.e.*, a corporation, partnership or other entity), provide the names of and the percentage of ownership held by all of its owners. Provide information to the individual level.
See example below:

Name of Owner	% Interest
Joe Potpuller	25%
Alice Potpuller	25%
Quotaholder Family Holdings, Inc.	50%
C. Quotaholder	25% (of 50%)
R. Quotaholder	25% (of 50%)
A. Quotaholder	25% (of 50%)
B. Quotaholder	25% (of 50%)

Duplicate this form, or attach a separate sheet of paper if necessary to display all of the Applicant's owners *(and owners of the Applicant's owners to the individual level).*

BLOCK F – DECLARATION OF AFFILIATION

Indicate whether the Applicant is "affiliated" with an entity that holds Processing Quota Share (PQS) and/or Individual Processing Quota (IPQ). Information regarding affiliation is required to determine the correct allocation of "A" and "B" category IFQ to the Applicant.

> **Note**: this Declaration of Affiliation is valid for the entire Crab Fishing Year for which the Applicant is seeking IFQ.

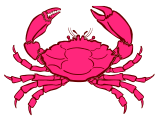
Indicate (YES or NO) whether the Applicant is affiliated with one or more entity(ies) that holds PQS or IPQ.

If YES, the Applicant must provide name, business address, and telephone number for all holders of PQS or IPQ with which it is affiliated.

If NO, the applicant is not affiliated with any entity that holds PQS or IPQ.

BLOCK G – APPLICANT SIGNATURE

Applicant must print and sign his or her name and enter the date the application was signed.
If the application is completed by the Applicant's authorized representative, **attach** proof of authorization.

	**Application for** **CONVERTED CPO QUOTA SHARE (QS) AND CPO IFQ**	**U.S. Department of Commerce** **NOAA Fisheries Service, Alaska Region** **Restricted Access Management (RAM)** **Post Office Box 21668** **Juneau, Alaska 99802-1668** **(800) 304-4846 toll free / 586-7202 in Juneau** **(907) 586-7354 (fax)**

Annual Application Deadline – June 15

This application must be submitted with a completed Annual Application for an IFQ/IPQ Permit

NOTE: This application will not be considered complete until NMFS verifies that applicant
1. has submitted all required Economic Data Reports
2. has paid all outstanding fee obligations

BLOCK A – IDENTIFICATION OF ENTITY

Indicate below which of the entities, as described in § 680.40(c)(5)(ii) through (c)(5)(iv), is applying for converted catcher/processor CPO QS/IFQ. **NOTE: Only entities listed below may apply for converted CPO QS/IFQ.**

[ ] Entity A: Yardarm Knot, Inc.

[ ] Entity B: Blue Dutch, LLC

[ ] Entity C: Trident Seafoods, Inc.

BLOCK B_1 – ENTITY INFORMATION

1. Name of Entity:		2. NMFS Person ID Number:
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address *(see instructions):*
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:

8. For Entity A or B identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS:

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS	North			
BBR	PQS*	North			
BSS	CVO QS	North			
BSS	PQS*	North			

*Must be PQS initially issued to the entity

9. For Entity C identify the North Region BBR or BSS CVO QS initially issued to this person and North Region BBR or BSS PQS for conversion to CPO QS:

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

*Must be CVO QS initially issued to the entity

BLOCK B_2 – AFFILIATE INFORMATION FOR ENTITY A, B, or C		
1. Affiliated **Person 1**:		2. NMFS Person ID Number:
3. Permanent Business Mailing Address:	4. Temporary Business Mailing Address *(see instructions):*	
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:

1. Affiliated **Person 2**:		2. NMFS Person ID Number:
3. Permanent Business Mailing Address:	4. Temporary Business Mailing *Address (see instructions):*	
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:

8. For persons affiliated with Entity A or B, identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS:

Person 1

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS	North			
BBR	PQS*	North			
BSS	CVO QS	North			
BSS	PQS*	North			

Person 2

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS	North			
BBR	PQS*	North			
BSS	CVO QS	North			
BSS	PQS*	North			

*Must be PQS initially issued to the entity

9. For Entity C identify the North Region BBR or BSS CVO QS initially issued to this person and North Region BBR or BSS PQS for conversion to CPO QS:

Person 1

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

Person 2

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

*Must be CVO QS initially issued to the entity

BLOCK C - SIGNATURE OF ENTITY AND AFFILIATES ***(each member contributing CVO QS or PQS to this request must sign and date this form)***	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Entity	2. Date:
3. Printed Name of Entity: **(Note:** If completed by an authorized representative, **attach** authorization.):	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Affiliate Person 1:	2. Date:
3. Printed Name of Affiliate: **(Note:** If completed by an authorized representative**, attach** authorization.):	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Affiliate Person 2:	2. Date:
3. Printed Name of Entity: **(**If completed by an 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 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 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 CONVERTED CPO QUOTA SHARE (QS) AND CPO IFQ

This Application is due June 15th
This Application must be submitted with a completed Annual Application for IFQ or IPQ Permit.

Under 50 CFR 680.40(c)(5), any persons who are members of or affiliated with the following entities, as described in 50 CFR 680.40(c), may request an issuance of converted CPO QS on an application for IFQ/IPQ for that crab fishing year:

- Entity A: Yardarm Knot, Inc. and any person who is affiliated with Yardarm Knot, Inc.;
- Entity B: Blue Dutch, LLC and any person who is affiliated with Blue Dutch, LLC; and
- Entity C: Trident Seafoods, Inc. and any person who is affiliated with Trident Seafoods, Inc.

Such requests must meet the criteria listed in regulations at 50 CFR 680.40 in order to be approved.

This application cannot be processed or approved unless applicant has met all the requirements and conditions of the CR Program, including (as appropriate)

- Submit an crab Economic Data Report (EDR).
  A crab EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is **June 28**.

  To request that a printed EDR be mailed to you (at no cost), contact

  Pacific States Marine Fisheries Commission
  205 SE Spokane, Suite 100
  Portland, OR 97202

  Telephone: 1-(503) 595-3100

  e-mail: info@psmfc.org

- Payment of all outstanding fees must be submitted to NMFS on or before **July 31**.

Submit the completed application, which must be received no later than June 15, to:

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 99801

Or, by fax to: 907-586-7354

If you need assistance in completing this application or need additional information,

call Restricted Access Management (RAM) at (800) 304-4846 (Option 2) or (907) 586-7202 (Option 2)

RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at http://alaskafisheries.noaa.gov

COMPLETING THE APPLICATION

BLOCK A – IDENTIFICATION OF ENTITY

Only the Entities described in § 680.40(c)(5)(ii) through (c)(5)(iv) may apply for converted CPO QS/IFQ. Those Entities are: Yardarm Knot, Inc., Blue Dutch, LLC and Trident Seafoods, Inc.

Indicate which entity is applying for converted CPO QS/IFQ.

BLOCK B_1 – ENTITY INFORMATION

1. Provide the Entity's name.

2. Provide the Entity's NMFS Person ID Number.

3. Provide the Entity's permanent mailing address.

4. Provide the Entity's temporary mailing address (if any); if this information is provided, it will be to this address to which the IFQ/IPQ permit(s) will be mailed.

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

8. For Entity A or B -- identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS for the current crab fishing year.

9. For Entity C – identify the North Region BBR or BSS CVO QS initially issued to this person and North Region BBR or BSS PQS for conversion to CPO QS for the current crab fishing year.

> **Note:** Only 90% of the PQS units identified will be used in the calculation of CPO IFQ. Please ensure that you identify the number of PQS units necessary to obtain the desired number of CPO IFQ pounds.

BLOCK B_2 – AFFILIATE INFORMATION FOR ENTITY A, B, or C

Provide the following for each Affiliated Person whose CVO QS or PQS will be used in this transaction. **Attach additional pages as necessary**.

1. Provide the Affiliated Person's name.

2. Provide the Affiliated Person's NMFS Person ID Number.

3. Provide the Affiliated Person's permanent mailing address.

4. Provide the Affiliated Person's temporary mailing address (if any); if this information is provided, it will be to this address to which the IFQ/IPQ permit(s) will be mailed.

5-7. Provide the business telephone number, fax number, and e-mail address (if available) for the Affiliated Person's designated representative.

8. For person's affiliated with Entity A or B, identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS/IPQ for the current fishing year.

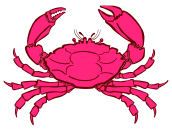
9. For persons affiliated with Entity C, identify the North Region BBR or BSS CVO QS initially issued to this person and North Region BBR or BSS PQS for conversion to CPO QS/IPQ for the current fishing year.

BLOCK C – SIGNATURE OF ENTITY AND AFFILIATES

Each Entity and each Affiliated Person submitting CVO QS or PQS for conversion to CPQ QS/IFQ must print and sign his or her name and enter the date the application was signed.

If the application is completed by a designated representative, attach proof of authorization.

Attach additional signature pages as necessary.



Application For CRAB HARVESTING COOPERATIVE INDIVIDUAL FISHING QUOTA PERMIT

U.S. Department of Commerce
NOAA/National Marine Fisheries Service
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

Annual Application Deadline – June 15

Applications received after June 15 may not be processed

ATTACHMENTS

To be considered complete, this application must be accompanied by the following documents:

1. A copy of the completed annual IFQ application from every member of the Cooperative;
2. A copy of the Cooperative's business license;
3. A copy of the Cooperative's Articles of Incorporation or Partnership Agreement; and,
4. A copy of the Cooperative Agreement (if different from #3 above).

BLOCK A – IDENTIFICATION OF COOPERATIVE

1. Name of Cooperative:	2. State in which cooperative is legally registered as a business entity:
3. Business Mailing Address of Cooperative:	4. Business Mailing Address of Designated Representative *(if different from Cooperative Business Mailing):*

5. Type of business entity:

[__] Cooperative [__] Partnership [__] Other

(If other, specify) _____

6. Business Telephone No.:	7. Business FAX No.:	8. Business e-mail Address:
9. Name of Designated Representative:	10. Signature of Designated Representative:	11. Date Signed

BLOCK B – MEMBERS OF THE COOPERATIVE	
NOTE: All holders of Quota Share (QS) in the BSAI Crab Rationalization fisheries are eligible for membership in a Cooperative; however, each cooperative must have a minimum of four unique QS holding entities. Block B may be duplicated, as necessary, to provide all member information.	
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
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Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID
Name of QS Holder:	NMFS Person ID

Instructions
APPLICATION FOR AN CRAB HARVESTING COOPERATIVE IFQ PERMIT

A Crab Harvesting Cooperative individual fishing quota (IFQ) Permit is an annual permit that authorizes the cooperative to harvest a defined annual amount of crab during a crab fishing year (July 1 through June 30). The amount of crab authorized by the permit is derived from the aggregate IFQ amounts that would otherwise have been issued to the members of the cooperative. Each cooperative will be issued a separate IFQ permit for each type of quota share (QS) held by its members.

A completed application for an annual crab harvesting cooperative IFQ permit must be submitted annually by each crab harvesting cooperative and received by NMFS **no later than June 15. Each member of the crab harvesting cooperative must be listed in Block B.** Each member of the crab harvesting cooperative is responsible for submitting an Annual Crab Individual Fishing Quota (IFQ) Permit application no later than June 15.

If a complete application is not received by NMFS by this date, or postmarked by this date, the crab harvesting cooperative will not receive IFQ for the upcoming crab fishing year. In the event that NMFS has not received a complete and timely application by June 15, NMFS will presume that the application was timely filed if the applicant can provide NMFS with proof of timely filing.

ATTACHMENTS: To be considered complete, this application must be accompanied by the following documents:

- A copy of the completed annual IFQ application from every member of the Cooperative;
- A copy of the Cooperative's business license;
- A copy of the Cooperative's Articles of Incorporation or Partnership Agreement; and,
- A copy of the Cooperative Agreement (if different from Articles above).

Submit the completed application, which must be received by NMFS **no later than June 15**:

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 99801**
or by fax to:	**907-586-7354** Applications may be faxed to RAM; however, permits will not be returned by fax.

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

RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at **http://alaskafisheries.noaa.gov.**

Additionally:

- Type or print legibly in ink.
- Retain a copy of completed application for your records.
- Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

COMPLETING THE APPLICATION

BLOCK A –IDENTITY OF COOPERATIVE:

1. Enter name of the cooperative.

2. Provide the state in which the cooperative is legally registered as a business entity.

3. Enter business mailing address of cooperative.

4. Enter business mailing address of designated representative, if different from No. 4.

5. Provide the type of business entity under which the cooperative is organized.
A cooperative may be formed as a partnership, a corporation, or as another legal business entity that is registered under the laws of one of the 50 states or the District of Columbia.

6-8. Provide the business telephone number, fax number, and e-mail address for the cooperative or its designated representative.

9. Provide the name of the cooperative's designated representative Affix signature of the cooperative's designated representative.

10-11. Designated representative's signature and date signed.

BLOCK B – MEMBERS OF THE COOPERATIVE

A crab harvesting cooperative must have a minimum of four unique QS holding entities. A unique QS holding entity is a QS holder or group of affiliated QS holders that are not affiliated with any other QS holders or QS holding entities in the crab harvesting cooperative

Provide the full name and NMFS Person ID for each member of the cooperative. Duplicate Block B as necessary to provide all names and ID numbers.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2.5 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 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, 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 680, under

section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 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

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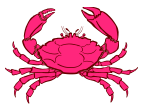
	**Application for CR Program** **ELIGIBILITY TO RECEIVE** **QS/PQS OR IFQ/IPQ** **BY TRANSFER**	U.S. Department of Commerce NOAA Fisheries Service, Alaska Region Restricted Access Management (RAM) Post Office Box 21668 Juneau, Alaska 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 (fax)

Except for persons who received crab quota share (QS) or processor quota share (PQS) by initial issuance and Eligible Crab Community Organizations (ECCO), no person may receive Crab Rationalization (CR) Program crab QS/IFQ or PQS/IPQ by transfer unless such person has established eligibility to do so. This application is for use by persons seeking authority to receive QS, PQS, individual fishing quota (IFQ), or individual processor quota (IPQ) by transfer under the CR Program.

BLOCK A -- TYPE OF QUOTA	
If seeking eligibility for (*indicate type of Quota*)	Complete Application Blocks . . .
[ ] CVO or CPO QS or IFQ	A, B, D (*if applicable*), E, and F
[ ] CVC or CPC QS or IFQ	A, B, C, E, and F
[ ] PQS or IPQ	A, B and F

BLOCK B – APPLICANT INFORMATION		
1. Is the Applicant an individual U.S. Citizen or a U.S. Corporation, Partnership, or other business entity? [ ] YES [ ] NO **Note**: Only U.S. Citizens may receive QS/IFQ by transfer; any person may receive PQS/IPQ by transfer.		
2. Name of Applicant *(Please include middle initial)*:		3. NMFS Person ID:
4. Business Mailing Address:		
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-Mail Address:

BLOCK C – ELIGIBILITY TO RECEIVE CVC OR CPC QS/IFQ

Is the purpose of this application to obtain authority to receive "crew shares" (catcher vessel crew (CVC) or catcher/processor crew (CPC)) or associated IFQ by transfer?

[ ] YES [ ] NO

If YES, indicate your eligibility to receive CVC or CPC as follows:

[ ] 150 days sea time as part of a harvesting crew in any U.S. commercial fishery as demonstrated in Block E; AND

[ ] Participated in one or more CR Program fishery(ies) in the 365 days prior to signing this application..

OR

From (effective date of the final rule) until 4 years after the effective date of the final rule:

[ ] 150 days sea time as part of a harvesting crew in any U.S. commercial fishery as demonstrated in Block E;

AND

[ ] Initially Issued CVC or CPC Quota Share under the CR Program

OR

[ ] Participated in at least one delivery of crab from a fishery included in the CR Program per fishing season in any 3 of the 5 crab fishing years starting July 1, 2000 through June 30, 2015;

Participation may be demonstrated by **attaching**:

- a **signed Alaska Department of Fish and Game (ADF&G) fish ticket** imprinted with the applicant's CFEC permit card,
- an **affidavit** indicating date of landing of crab species from the owner of a vessel upon which fishing was done, or
- a **signed receipt** for an IFQ crab landing on which the applicant was serving as a hired master for a CR Program IFQ permit holder.

BLOCK D –CORPORATIONS, PARTNERSHIPS, OR OTHER BUSINESS ENTITIES

1. Is this application being submitted by, or on behalf of, a Western Alaska Community Development Quota (CDQ) Group?

[ ] YES [ ] NO

If YES, go to Block F.

2. Is this application being submitted by, or on behalf of, a Corporation, Partnership, or Other Business Entity?

[ ] YES [ ] NO

If YES, at least one individual member/owner of the entity **must document an ownership interest of at least 20%** of the entity and, additionally, must demonstrate that s/he has participated for a minimum of 150 days as a member of the harvesting crew in any U.S. fishery(ies)

Verification of the 150 days of harvesting participation can be provided by **attaching**

- the individual's **Transfer Eligibility Certificate (TEC**) for the Alaska Pacific Halibut and Sablefish Individual Fishing Quota (IFQ) program or
- the individual's **TEC** for the CR Program, or
- by completing **Block E of this application**. If Block E is completed, and this application is approved, the individual will automatically qualify for a TEC for the halibut/sablefish IFQ fisheries.

Identity of individual business owner with required experience participating in one or more U.S. fishery(ies)

3. Name of Individual Owner:	4. NMFS Person ID:

5. Business Mailing Address:

6. Business Telephone Number:	7. Business Fax Number:	8. Business E-Mail address:

9. Is this application being submitted by, or on behalf of, a U.S. Citizen?

[ ] YES [ ] NO

If NO, STOP! This application cannot be approved unless the individual with 20% ownership in the entity listed in Block B is a U.S. Citizen.

BLOCK E – INDIVIDUAL COMMERCIAL FISHING EXPERIENCE

(Duplicate this page as necessary to display all relevant commercial fishing experience)

If Block E is completed, and this application is approved, the individual will automatically qualify for a TEC for the halibut/sablefish IFQ fisheries

Note: If the individual who completes this Block E is not the Applicant, this individual must co-sign this application in Block F.

1. Species *(one per block)*:	2. Gear Type:	3. Location:
4. Date From: (*MMYY*)	5. Date To: (*MMYY*)	. Number of Actual Days Spent Harvesting Fish:

7. Duties performed while directly involved in the fishing activity (*please be specific*):		
8. Vessel Name:		9. ADF&G or USCG Number:
10. Vessel Owner:	11. Vessel Operator:	
12. Reference Name (*person other than Applicant*):	13. Reference's Relationship to Applicant:	14. Reference's Business Telephone Number:
15. Reference's Business Mailing Address:		

BLOCK E – INDIVIDUAL COMMERCIAL FISHING EXPERIENCE (Continuation)		
If Block E is completed, and this application is approved, the individual will automatically qualify for a TEC for the halibut/sablefish IFQ fisheries **Note:** If the individual who completes this Block E is not the Applicant, the individual must co-sign this application in Block F**.**		
1. Species *(one per block):*	2. Gear Type:	3. Location:
4. Date From: (*MMYY*)	5. Date To: (*MMYY*)	6. Number of Actual Days Spent Harvesting Fish:

7. Duties performed while directly involved in the fishing activity (*please be specific*):		
8. Vessel Name:		9. ADF&G or USCG Number:
10. Vessel Owner:	11. Vessel Operator:	
12. Reference Name *(person other than Applicant)*:	13. Reference's Relationship to Applicant:	14. Reference's Business Telephone Number:
15. Reference's Business Mailing Address:		

BLOCK F – CERTIFICATION	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
Signature of Applicant or Applicant's Representative:	Date Signed:
Printed Name of Applicant or Applicant's Representative: *(Note: If this is completed by the Applicant's Representative,* ***attach*** *authorization)*	

BLOCK G – ADDITIONAL CERTIFICATION ***(Required if the individual who completed Block E is not the Applicant)***	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
Signature of Individual who completed Block E:	Date Signed:
Printed Name of Individual who completed Block E:	

Instructions
CR PROGRAM ELIGIBILITY to RECEIVE
QS/PQS or IFQ/IPQ by TRANSFER

NOTE: only U.S. Citizens qualify to receive QS/IFQ by transfer.

This application is required to establish a person's eligibility to receive quota share (QS), processor quota share (PQS), individual fishing quota (IFQ), or individual processing quota (IPQ) by transfer, if the person is not an Eligible Crab Community Organization (ECCO). A successful applicant will receive a letter of acknowledgment of eligibility; the acknowledgment will not expire.

Transfer of crab QS, PQS, IFQ, or IPQ means any transaction, approved by NMFS, requiring QS or PQS, or the use thereof in the form of IFQ or IPQ, to pass from one person to another, permanently or for a fixed period of time, except that:

- A crab IFQ hired master permit issued by NMFS, as described in § 680.4, is not a transfer of crab QS or IFQ; and
- The use of IFQ assigned to a crab harvesting cooperative and used within that cooperative is not a transfer of IFQ.

The following table provides standards for eligibility to receive CR Program Quota by transfer:

Quota Type	Eligible Person	Eligibility Standards
PQS	Any Person	No other requirements
IPQ	Any Person	No other requirements
CVO or CPO QS	A person who received QS by initial issuance	No other requirements
	An Individual	who is a U.S. citizen and who has at least 150 days experience as part of a harvesting crew in any U.S. commercial fishery
	A corporation, partnership, association or other non-individual entity	that has at least one individual member (*owner*) who is a U.S. citizen and who: ♦ owns at least 20% of the entity, and ♦ has at least 150 days experience as part of the harvesting crew in any U.S. commercial fishery
	An ECCO	that meets other regulatory requirements
	A CDQ Group	No other requirements
CVC or CPC QS	An Individual	who is a U.S. citizen with ♦ at least 150 days of sea time as part of a harvesting crew in any U.S. commercial fishery and ♦ establishes recent participation in at least one delivery of crab in a CR crab fishery in the 365 days prior to submission of the application for eligibility, except that from [EFFECTIVE DATE OF FINAL RULE IMPLEMENTING AMENDMENT 31] until [DATE 4 YEARS AFTER EFFECTIVE DATE OF FINAL RULE IMPLEMENTING AMENDMENT 31], CVC or CPC QS also may be transferred to an

Quota Type	Eligible Person	Eligibility Standards
		individual who is a U.S. citizen with: ♦ at least 150 days of sea time as part of a harvesting crew in any U.S. commercial fishery, and who either (i) received an initial allocation of CVC or CPC QS; or (ii) participated in at least one delivery of crab in a CR crab fishery in any 3 of the 5 crab fishing years starting on July 1, 2000, through June 30, 2005.

Note: CVO = catcher vessel owner; CPO = catcher/processor owner; CDQ = Western Alaska Community Development Quota

Application forms and instructions are available on the NMFS Alaska Region web site at www.alaskafisheries.noaa.gov.

Please allow at least 10 days for processing your permit. Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

- Type or print legibly in ink.
- Retain a copy of completed application for your records.
- Applications may be faxed to RAM; however, permits will not be returned by fax.

When complete, submit

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

By delivery to: NMFS Alaska Region (NMFS/RAM)
Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801

or by fax to: (907) 586-7354

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

RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at **http://alaskafisheries.noaa.gov.**

COMPLETING THE APPLICATION

BLOCK A – TYPE OF QUOTA

Indicate the type(s) of QS, PQS, IFQ or IPQ for which the applicant is seeking eligibility to receive by transfer.

BLOCK B – APPLICANT INFORMATION

1. Indicate whether the Applicant is a U.S. Citizen

2. Enter the name of the applicant; please include middle initial.

3. Enter the NMFS Person ID.

4. Enter the permanent business mailing address.

5-7. Enter the business telephone number, business fax number, and business E-mail address.

BLOCK C – ELIGIBILITY TO RECEIVE CVC OR CPC QS/IFQ

Note: A transfer of catcher vessel crew (CVC) or catcher/processor crew (CPC) QS or IFQ will not be approved unless the intended recipient of the QS or IFQ demonstrates recent participation in CR Program crab fisheries within the 365 days prior to the date the transfer application was submitted. Except, between effective date of the rule and four years from effective date of the rule this recent participation requirement may be waived if:

1. The applicant was initially issued CVC or CPQ QS under the CR Program; or

2. The applicant participated in at least one delivery of crab from a fishery included in the CR Program per fishing season in any 3 of the 5 crab fishing years beginning July 1, 2000 through June 30, 2005.

Indicate whether the purpose of the application is to obtain authority to receive "crew shares" (CVC or CPC QS), or "crew" IFQ by transfer.

If YES, the applicant must demonstrate eligibility to obtain CVC or CPC QS as follows:

[ ] Initially issued CVC or CPC Quota Share under the CR Program;

[ ] Participated in at least one delivery of crab from a fishery included in the CR Program per fishing season in any 3 of the 5 crab fishing years beginning July 1, 2000 through June 30, 2005, or

[ ] Participated in one or more CR Program fishery(ies) in the 365 days prior to signing this application.

Participation may be demonstrated by **attaching**:

- a signed **ADF&G fish ticket** imprinted with the applicant's Alaska Commercial Fisheries Entry Commission (CFEC) permit card;

- **an affidavit** indicating date of landing of crab species from the owner of a vessel upon which fishing was done; or,

- a **signed receipt** for an IFQ crab landing on which the applicant was serving as a hired master for a CR Program IFQ permit holder.

BLOCK D – CORPORATIONS, PARTNERSHIPS, OR OTHER BUSINESS ENTITIES

1. Indicate whether the application is being submitted by, or on behalf of, a Western Alaska Community Development Quota (CDQ) group.

   If YES, go to Block F.

2. Indicate whether the application is being submitted by, or on behalf of, a Corporation, Partnership, or Other Business entity.

   If YES, at least one individual member/owner of the entity must document an ownership interest of at least 20% of the entity and, additionally, must demonstrate that s/he has participated for a minimum of 150 days as a member of the harvesting crew in any U.S. fishery(ies).

   - ♦ Documentation of a 20% ownership interest may consist of corporation or partnership articles of incorporation, or completion of the Annual Application for an IFQ/IPQ Permit.
   - ♦ Participant Verification (requisite experience) of 150 days of harvesting participation is:
     - Transfer Eligibility Certificate (TEC) for the Alaska Halibut and Sablefish IFQ Program
     - TEC for the CR Program, or
     - Completion of Block E.

3-4. Provide the name and NMFS person ID of the individual owner with the requisite experience participating in one or more U.S. fishery(ies)

5-8. Business mailing address, business telephone number, business fax number, and business E-Mail address

9. Indicate whether this application is being submitted by, or on behalf of, a U.S. Citizen.

   If NO, STOP! This application cannot be approved unless the individual with 20% ownership in the entity listed in Block B is a U.S. Citizen.

BLOCK E – INDIVIDUAL COMMERCIAL FISHING EXPERIENCE

Duplicate the form as necessary until a minimum of 150 days experience is recorded and claimed.

> **Note:** if the individual who completes Block E is not the Applicant, the individual must sign the application in Block G - Additional Certification.

1. Enter the species for which fishing was undertaken.

2. Enter the gear type used in the fishing.

3. Enter the location of the fishing (regulatory area or geographic designation *e.g., "Area T" or "Bristol Bay")*

4-5. Enter the month and year that fishing commenced and concluded.

6. Enter the number of days spent as a member of the harvesting crew.

7. Record the duties performed. Please be specific (*e.g., "picked nets," "set pots," "washed crab," etc. and not "deckhand").*

8. Enter the name of the vessel upon which the fishing occurred.

9. Enter the name, the ADF&G vessel registration number, or United States Coast Guard (USCG) documentation number of the vessel.

10-11. Enter the name(s) of the vessel's owner and operator during the time claimed.

12. Enter the name of a reference (i.e., a person other than the Applicant who, if contacted by RAM, could verify the Applicant's claim of participation).

13. Describe Reference's relationship to Applicant.

14. Reference's business mailing address.

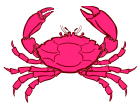
15. Reference's business telephone number.

BLOCK F – CERTIFICATION

Enter the printed name and signature of the Applicant, and date signed. If the person signing is not the Applicant, **attach** authorization.

BLOCK G – ADDITIONAL CERTIFICATION

If the individual who completed Block E is not the Applicant, the individual who completed Block E must enter the printed name and signature and date signed in this Block G.



Application For Annual Crab Individual Processing Quota (IPQ) Permit

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

Annual Application Deadline – June 15

Applications received after June 15 may not be processed and Individual Processing Quota (IPQ) may not be issued to the applicant.

BLOCK A –APPLICANT INFORMATION		
1. Name of Applicant:	2. Applicant's NMFS Person ID:	
3. Permanent Business Mailing Address:	4. Temporary Business Mailing Address (*Optional*):	
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:

BLOCK B – TYPE OF ANNUAL IPQ FOR WHICH APPLICATION IS MADE

Indicate the type of annual IPQ requested. If selecting fisheries, check those boxes that apply. If selecting all fisheries, check the ALL FISHERIES box.

[ ] ALL FISHERIES for which applicant holds PQS

Only those fisheries checked below:

[ ] BBR [ ] BSS [ ] EAG [ ] EBT [ ] WBT

[ ] PIK [ ] SMB [ ] WAG [ ] WAI

BLOCK C – IDENTIFICATION OF OWNERSHIP INTEREST
(to be completed by Applicants who are not individuals (i.e., corporations, partnerships, etc.)

If the Applicant identified in Block A is NOT an individual (i.e. is a corporation, partnership or some other entity) the name(s) of all owners of the Applicant must be provided, together with the percent of ownership. If a listed owner is not an individual, provide the same information for each owner until all owners and their percent of ownership are revealed to the individual level.

Name of Owner	% Interest	Name of Owner	% Interest

Duplicate this form as necessary to display all of the Applicant's owners (and owners of owners)

BLOCK D – APPLICANT SIGNATURE

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant:	2. Date:

3. Printed Name of Applicant: **(Note:** If completed by an authorized representative, **attach** authorization.):

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2 hours per non-electronic response and 1 hour per electronic 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 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 ANNUAL CRAB INDIVIDUAL PROCESSING QUOTA (IPQ) PERMIT

IPQ permits are issued annually to eligible persons who hold Processing Quota (PQS). These permits authorize their holders to process a specific amount of crab, under the terms and conditions set out on the permit. Individual Processing Quota (IPQ) permits are valid for one year -- the crab year for which they are issued.

Issuance of the correct amount and type of IPQ is entirely dependent on information provided by PQS holders on their annual IPQ applications. The completed application must be received by NMFS **no later than June 15**. An application that is received after June 15 may not be processed and may not yield annual IPQ.

Submit the completed 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 99801

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

Online to: http://alaskafisheries.noaa.gov/ram/crab/crabipq_transfer.pdf

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

RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at **http://alaskafisheries.noaa.gov.**

COMPLETING THE APPLICATION

BLOCK A – APPLICANT INFORMATION

1. Provide the Applicant's name.

2. Provide the Applicant's NMFS Person ID.

3. Provide the Applicant's permanent mailing address.

4. Provide the Applicant's temporary mailing address *(if any);* if this information is provided, it will be to this address to which the IPQ permit(s) will be mailed.

5-7. Provide the business telephone number, business fax number, and business e-mail address for the Applicant or the Applicant's designated representative.

BLOCK B – TYPE OF ANNUAL QUOTA FOR WHICH APPLICATION IS MADE

Indicate the type of annual IPQ requested. If selecting fisheries, check those boxes that apply. If selecting all fisheries, check the ALL FISHERIES box.

BLOCK C – IDENTIFICATION OF OWNERSHIP INTEREST

If the Applicant identified in Block A is NOT an individual (i.e. is a corporation, partnership or some other entity) the name(s) of all owners of the Applicant must be provided, together with the percent of ownership. Provide the same information for each owner until all owners and their percent of ownership are revealed to the individual level. See example below:

Name of Owner	% Interest
Joe Potpuller	25%
Alice Potpuller	25%
Quotaholder Family Holdings, Inc.	50%
C. Quotaholder	25% (of 50%)
R. Quotaholder	25% (of 50%)
A. Quotaholder	25% (of 50%)
B. Quotaholder	25% (of 50%)

Duplicate this form, or attach a separate sheet of paper if necessary to display all of the Applicant's owners *(and owners of the Applicant's owners to the individual level).*

BLOCK D – APPLICANT SIGNATURE

Applicant must print and sign his or her name and enter the date the application was signed.
If the application is completed by the Applicant's authorized representative, **attach** proof of authorization.

	Application for **TRANSFER OF INDIVIDUAL FISHING QUOTA (IFQ) BETWEEN CRAB HARVESTING COOPERATIVES**	**U.S. Department of Commerce** **NOAA Fisheries Service, Alaska Region** **Restricted Access Management (RAM)** **Post Office Box 21668** **Juneau, Alaska 99802-1668** **(800) 304-4846 toll free / 586-7202 in Juneau** **(907) 586-7354 fax**

Notes:

- Applications to transfer Individual Fishing Quota from one Crab Harvesting Cooperative to another will not be processed in a crab season until after Individual Fishing Quota (IFQ) amounts for that season have been calculated and issued.
- This form is used to apply for a transfer of IFQ from one Crab Harvesting Cooperative to another; all other applications for transfers must be submitted on an appropriate transfer application form.
- ATTACHMENT REQUIRED: A copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document that reveals the contract terms between the parties.

BLOCK A – IDENTIFICATION OF TRANSFEROR (LESSOR)		
1. Name of Transferor:		2. NMFS Person ID:
3. Name of Authorized Representative *(print):*		
4. Permanent Business Mailing Address:	5. Temporary Business Mailing Address *(see instructions):*	
6. Business Telephone Number:	7. Business Fax Number:	8. E-Mail Address:

BLOCK B – IDENTIFICATION OF TRANSFEREE (LESSEE)		
1. Name of Transferee:		2. NMFS Person ID:
3. Name of Authorized Representative (*print*):		
4. Permanent Business Mailing Address:	5. Temporary Business Mailing Address (*see instructions):*	
6. Business Telephone Number:	7. Business Fax Number:	8. E-Mail Address:

BLOCK C[1] – SIGNATURE OF TRANSFEROR	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Authorized Representative of the Transferor:	2. Date Signed:
3. Printed Name of Authorized Representative of the Transferor:	

BLOCK C[2] – SIGNATURE OF TRANSFEREE	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Authorized Representative of the Transferee:	2. Date Signed:
3. Printed Name of Authorized Representative of the Transferee:	

BLOCK D[1] – IDENTIFICATION OF IFQ TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBERS (To Be Completed By Transferor)

If Transfer Application is for more IFQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application. Distribute the IFQ identified in Block D[1] to cooperative members in Block D[2].

Permit Number	Fishery	Sector	Region	Class (A, B, R, or U)	IFQ Pounds

BLOCK D[2] -- IDENTIFICATION OF COOPERATIVE MEMBER(S) (To Be Completed By Transferee)

The Transferee's Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member(s) would cause the member to exceed an IFQ cap, a different Qualifying Member must be identified. Duplicate this page as necessary.

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

6. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:

BLOCK D[1] – IDENTIFICATION OF IFQ TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBERS (To Be Completed By Transferor)					
If Transfer Application is for more IFQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application. Distribute the IFQ identified in Block D[1] to cooperative members in Block D[2].					
Permit Number	Fishery	Sector	Region	Class (A, B, R, or U)	IFQ Pounds

BLOCK D[2] -- IDENTIFICATION OF COOPERATIVE MEMBER(S) (To Be Completed By Transferee)		
The Transferee's Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member(s) would cause the member to exceed an IFQ cap, a different Qualifying Member must be identified. Duplicate this page as necessary.		
1. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:

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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq*.) and under 16 U.S.C. 1862(j); 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 TRANSFER OF INDIVIDUAL FISHING QUOTA (IFQ) BETWEEN CRAB HARVESTING COOPERATIVES

GENERAL INFORMATION

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

This Application

- may only be used to apply for a transfer of IFQ between Crab Harvesting Cooperatives. All other applications for transfer must be submitted on an appropriate transfer application.

- will not be processed in any year until after IFQ amounts have been calculated and issued.

- will not be processed or approved unless it is complete; in addition to providing the information required by this Application, a copy of the terms and conditions of the transfer agreement must be **attached**. Such documentation may consist of a bill of sale, promissory note, or other document that reveals the contract terms between the parties.

- cannot be processed or approved unless all parties to the proposed transfer (including the transferor, the transferee, and the receiving Qualifying Member) have met all the requirements and conditions of the BSAI Crab Rationalization Program (CR Program).

Prior to submitting a complete transfer application and copy of the terms and conditions of the transfer agreement, the participant must:

- Submit a **Crab Economic Data Report (EDR)** to NMFS on or before **June 28**.
  An EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is June 28.

  To request that a printed EDR be mailed to you (at no cost), contact

  Pacific States Marine Fisheries Commission
  205 SE Spokane, Suite 100
  Portland, OR 97202

  Telephone: 1-877-741-8913

  e-mail: info@psmfc.org

- **Payment of all outstanding fees** to NMFS on or before **July 31**.

  All CR allocation holders and Registered Crab Receiver (RCR) permit holders are subject to a fee liability for any CR crab debited from a CR allocation during a crab fishing year, except for crab

designated as personal use or deadloss, or crab confiscated by NMFS or the State of Alaska. The annual cost recovery fee submission deadline is on or before **July 31**.

ADDITIONALLY

- Print information in the application legibly in ink or type information.
- Retain a copy of completed application for your records.
- Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

Please allow up to ten working days for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval or disapproval of the transfer.

Submit the completed application:

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

By fax to RAM at: 907-586-7354

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

Or, hand deliver to: NMFS Alaska Region
Attn: RAM
Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801

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

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

Telephone (toll free): 800-304-4846 (press "2")

Telephone (in Juneau): 907-586-7202 (press "2")

e-Mail: RAM.Alaska@noaa.gov

COMPLETING THE FORM

BLOCK A – IDENTIFICATION OF TRANSFEROR (LESSOR)

1. Enter the full, legal, business name of the Crab Harvesting Cooperative that intends to transfer the IFQ to another Crab Harvesting Cooperative.

2. Enter the NMFS Person ID number.

3. Enter (print) the name of the Authorized Representative.

4. Enter the Permanent Business Mailing Address.

5. Enter the Temporary Business Mailing Address (this is the address, if different from #4, to which the applicant wishes materials to be sent).

6-8. Enter the business telephone number, business fax number, and e-mail address.

BLOCK B – IDENTIFICATION OF TRANSFEREE (LESSEE)

1. Enter the full, legal, business name of the Crab Harvesting Cooperative that intends to receive the IFQ from another Crab Harvesting Cooperative.

2. Enter the NMFS Person ID number.

3. Enter (print) the name of the Authorized Representative.

4. Enter the Permanent Business Mailing Address.

5. Enter the Temporary Business Mailing Address (this is the address, if different from #4, to which the applicant wishes materials to be sent).

6-8. Enter the business telephone number, business fax number, and e-mail address.

BLOCKS C^1 AND C^2 – SIGNATURES OF THE TRANSFEROR AND TRANSFEREE

Enter printed name, signature, and date signed. If authorized representative, **attach** authorization.

BLOCK D^1 – IDENTIFICATION OF IFQ TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S) (To Be Completed by Transferor)

If this application is for more IFQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application.

Distribute the IFQ identified in Block D^1 to cooperative members in Block D^2.

Enter IFQ permit number, BSAI Crab Rationalization fishery (code), sector, region, IFQ Class (A, B, R, or U), and the number of IFQ pounds that are intended to transfer.

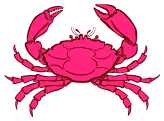
BLOCK D^2 – IDENTIFICATION OF TRANSFEREE MEMBER(S) (To Be Completed By Transferee)

Repeat this information for all IFQ pounds that are intended to be transferred. If more space is needed, duplicate Block D as necessary.

The Transferee's Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member(s) would cause the member to exceed an IFQ cap, a different Qualifying Member must be identified.

List all qualifying members individually.

Enter name of Qualifying Member, NMFS Person ID, and amount of IFQ received.



APPLICATION FOR TRANSFER (LEASE) OF CRAB IFQ

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service
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

Annual Application Deadline – June 15

1. Applications to transfer (lease) annual Individual Fishing Quota (IFQ) from one person to another **will not be processed between June 15** of any year and the date of issuance of the IFQ in a Bering Sea and Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery.

2. This application may only be used to apply for a lease of annual IFQ from one person to another for the current crab fishing year. All other applications for transfers, including inter-cooperative transfers, must be submitted on appropriate transfer applications.

BLOCK A – TYPE OF IFQ TRANSFER

1. Is this a transfer of CVC IFQ? YES [ ] NO [ ]

If NO, Stop Here. This form may only be used to transfer CVC/CPC IFQ.

If YES, applicant must submit proof of at least one delivery of a crab species in any CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of IFQ. Proof of this landing is:

- Alaska Department of Fish and Game (ADF&G) Fish Ticket with signature of the applicant, or
- An affidavit from the vessel owner attesting to that individual's participation as a member of a fish harvesting crew onboard a vessel during a landing of a crab quota share (QS) species within the 365 days prior to submission of an Application for transfer of crab IFQ.

2. Is this a transfer of CVC IFQ only due to a hardship? YES [ ] NO [ ]

If NO, Stop Here. CVC IFQ can only be transferred as a result of a hardship.

If YES, indicate type of hardship and provide required documentation:

[ ] **Medical condition of QS holder**.
QS holder is required to provide documentation of the medical condition from a licensed medical doctor who verifies that the QS holder cannot participate in the fishery because of the medical condition.

[ ] **Medical condition involving an individual who requires a QS holder's care.**
QS holder is required to provide documentation of the individual's medical condition from a licensed medical doctor. The QS holder must verify that he or she provides care for that individual and cannot participate in the fishery because of the medical condition of the individual;

[ ] **Total or constructive physical loss of a vessel**.
The QS holder must provide evidence that the vessel was lost and could not be replaced in time to participate in the fishery for which the person is claiming a hardship.

BLOCK B B IDENTIFICATION OF TRANSFEROR (LESSOR)		
1. Name of Transferor		2. NMFS Person ID:
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address
5. Business Telephone No.:	6. Business Fax No.:	7. E-mail address:
8. Has transferor submitted an EDR, if required to do so under § 680.6? YES [__] NO [__] NOT APPLICABLE [ ]		
9. Has transferor paid all fees, as required by § 680.44? YES [__] NO [__] NOT APPLICABLE [ ]		

BLOCK C B IDENTIFICATION OF TRANSFEREE (LESSEE)		
1. Name of Transferee		2. NMFS Person ID:
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address
5. Business Telephone No.:	6. Business Fax No.:	7. E-mail address:

8. Has transferee submitted an EDR, if required to do so under § 680.6? YES [__] NO [__] NOT APPLICABLE [ ]
9. Has transferee paid all fees, as required by § 680.44? YES [__] NO [__] NOT APPLICABLE [ ]

BLOCK D – IDENTIFICATION of IFQ to be TRANSFERRED (LEASED)					
Permit Number	Fishery	Sector	Region	IFQ (Class A, B, R, or U)	Pounds

BLOCK E – CERTIFICATION OF TRANSFEROR	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Transferor:	2. Date:
3. Printed Name of Transferor: (If authorized representative, **attach** authorization)	

BLOCK F – CERTIFICATION OF TRANSFEREE	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Transferee:	2. Date:
3. Printed Name of Transferee: (If authorized representative, **attach** authorization)	

Instructions
APPLICATION FOR TRANSFER (LEASE) OF CRAB IFQ

GENERAL INFORMATION

Applications to transfer (lease) annual Individual Fishing Quota (IFQ) from one person to another will not be processed between June 15 of any year and the date of issuance of the IFQ in a Bering Sea and Aleutian Islands Management Area (BSAI) Crab Rationalization(CR) Program fishery.

NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of catcher vessel crew/catcher/processor crew (CVC/CPC) IFQ is not effective until approved by NMFS.

The only lease of crab IFQ currently authorized is for CVC/CPC IFQ due to a hardship as indicated at 50 CFR 680.41(e)(3).

- Medical condition of Quota Share (QS) holder.
  QS holder is required to provide documentation of the medical condition from a licensed medical doctor who verifies that the QS holder cannot participate in the fishery because of the medical condition.

- Medical condition involving an individual who requires a QS holder's care.
  QS holder is required to provide documentation of the individual's medical condition from a licensed medical doctor. The QS holder must verify that he or she provides care for that individual and cannot participate in the fishery because of the medical condition of the individual;

- Total or constructive physical loss of a vessel.
  The QS holder must provide evidence that the vessel was lost and could not be replaced in time to participate in the fishery for which the person is claiming a hardship.

This application may only be used to apply for a transfer of CVC/CPC IFQ from one individual to another for the current crab fishing year. All other applications for transfers must be submitted on an appropriate transfer application.

This application cannot be processed or approved unless both parties to the proposed transfer have met all the requirements and conditions of the CR Program, including (as appropriate):

- Submit an Economic Data Report (EDR).
  An EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is June 28.

To request that a printed EDR be mailed to you (at no cost), contact

Pacific States Marine Fisheries Commission
205 SE Spokane, Suite 100
Portland, OR 97202

Telephone: 1-877-741-8913

e-mail info@psmfc.org.

- Payment of all outstanding fees to NMFS on or before July 31.

  All CR allocation holders and Registered Crab Receiver (RCR) permit holders are subject to a fee liability for any CR crab debited from a CR allocation during a crab fishing year, except for crab designated as personal use or deadloss, or crab confiscated by NMFS or the State of Alaska. The annual cost recovery fee submission deadline is on or before **July 31**.

ADDITIONALLY

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

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

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

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

  Or, by courier to:
  NMFS Alaska Region
  Attn: RAM
  Federal Building
  709 W. 9th Street, Suite 713
  Juneau, Alaska 99801

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

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

Telephone (toll free): 800-304-4846 (press "2")

Telephone (in Juneau): 907-586-7202 (press "2")

e-Mail: RAM.Alaska@noaa.gov

COMPLETING THE FORM

BLOCK A – TYPE OF TRANSFER

1. If applying to receive Catcher Vessel Captain/Crew (CVC) IFQ by transfer, applicant must submit proof of at least one delivery of a crab species in any CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of IFQ:

   - ADF&G Fish Ticket with signature of the applicant, or

   - An affidavit from the vessel owner attesting to that individual's participation as a member of a fish harvesting crew onboard a vessel during a landing of a crab quota share (QS) species within the 365 days prior to submission of an Application for transfer of crab IFQ.

2. Indicate if this is a transfer of CVC IFQ only due to a hardship.

   If NO, **Stop Here**. CVC IFQ can only be transferred as a result of a hardship.

   If YES, a holder of CVC QS may lease the IFQ derived from this QS for the term of the hardship. However, the holder of CVC QS may not lease the IFQ under this provision for more than 2 crab fishing years total in any 10 crab fishing year period. Such transfers are valid only during the crab fishing year for which the IFQ permit is issued and the QS holder must re-apply for any subsequent transfers.

   Applicant must submit documentation supporting the need for a hardship transfer. Indicate type of hardship and provide required documentation:

   - <u>Medical condition of QS holder</u>.
     QS holder is required to provide documentation of the medical condition from a licensed medical doctor who verifies that the QS holder cannot participate in the fishery because of the medical condition.

   - <u>Medical condition involving an individual who requires a QS holder's care</u>.
     QS holder is required to provide documentation of the individual's medical condition from a licensed medical doctor. The QS holder must verify that he or she provides care for that individual and cannot participate in the fishery because of the medical condition of the individual;

   - <u>Total or constructive physical loss of a vessel</u>.
     The QS holder must provide evidence that the vessel was lost and could not be replaced in time to participate in the fishery for which the person is claiming a hardship.

BLOCK B – IDENTIFICATION OF TRANSFEROR ("LESSOR")

1. Enter the full name of the person who intends to transfer the annual IFQ.

2. Enter transferor's NMFS Person ID.

3. Enter the transferor's permanent business mailing address.

4. Enter the transferor's temporary business mailing address (this is the address, if different from #4, to which the applicant wishes materials to be sent).

5-7. Enter the transferor's business telephone number, business fax number, and e-mail address.

8. Indicate whether transferor has submitted an EDR, if required to do so under § 680.6.

9. Indicate whether transferor has paid all fees, as required by § 680.44.

BLOCK C – IDENTIFICATION OF TRANSFEREE ("LESSEE")

1. Enter the full name of the person who intends to receive the annual IFQ.

2. Enter the transferee's NMFS Person ID.

3. Enter the transferee's permanent business mailing address.

4. Enter the transferee's temporary business mailing address (this is the address, if different from #4, to which the applicant wishes materials to be sent).

5-7. Enter the transferee's business telephone number, business fax number, and e-mail address.

8. Indicate whether transferee has submitted an EDR, if required to do so under § 680.6?

9. Indicate whether transferee has paid all fees, as required by § 680.44?

BLOCK D – IDENTIFICATION OF IFQ TO BE TRANSFERRED

Enter the IFQ permit number, Fishery, Sector, Region, IFQ class (A, B, R, or U), and the number of IFQ pounds that are intended to transfer.

For your assistance in completing this block, the following table identifies the appropriate codes for each fishery, sector and region.

Crab Fishery	Code	Sector of QS	Code	Region	Code
Bristol Bay red king	BBR	Catcher Vessel Owner	CVO	North	N
Bering Sea snow	BSS	Catcher/Processor Owner	CPO	South	S
Bering Sea Tanner	BST	Catcher Vessel Captain/Crew	CVC	West	W
Eastern Aleutian Golden	EAG	Catcher/Processor Captain/Crew	CPC	Undesignated	U
Pribilof red and blue king	PIK	Processor Quota	PQS		
St. Matthew blue king	SMB				
Western Aleutian golden	WAG				
Western Aleutian red king	WAI				

Repeat this information for all IFQ pounds that are intended to be transferred. If more space is needed, duplicate Block D as necessary.

BLOCKS E AND F – CERTIFICATION OF TRANSFEROR AND TRANSFEREE

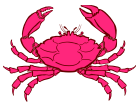
Print name, sign, and enter date of signature of both the transferor and transferee. Note, that if an authorized representative is completing the form, full authorization must be attached.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2.5 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, 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*), and under 16 U.S.C. 1862(j);
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 TRANSFER (LEASE) OF CRAB IPQ

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service
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

Notes:

1. Applications to transfer (lease) annual Individual Processor Quota (IPQ) will not be processed between June 15 of any year and the date of issuance of the IPQ in a Bering Sea and Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery.
2. This application may only be used to apply for a lease of annual IPQ for the current crab fishing year. All other applications for transfers, including inter-cooperative transfers, must be submitted on appropriate transfer applications.

BLOCK A – TYPE OF TRANSFER

1. Will this transfer of IPQ be used **within the Eligible Crab Community (ECC)** with which the IPQ is currently associated?

   YES [ ] NO [ ] NOT APPLICABLE [ ]

   If YES, indicate the name of the current ECC that has the Right of First Refusal (ROFR)

   _____

2. Will this transfer of IPQ be used **outside the ECC** with which the IPQ is currently associated?

   YES [ ] NO [ ] NOT APPLICABLE [ ]

BLOCK B -- IDENTIFICATION OF TRANSFEROR (LESSOR)

1. Name of Transferor	2. NMFS Person ID:
3. Permanent Business Mailing Address:	4. Temporary Business Mailing Address:

5. Business Telephone No.:	6. Business Fax No.:	7. E-mail Address:

8. Has transferor submitted an EDR, if required to do so under § 680.6?

   YES [__] NO [__] NOT APPLICABLE [ ]

9. Has transferor paid all fees, as required by § 680.44?

   YES [__] NO [__] NOT APPLICABLE [ ]

BLOCK C B IDENTIFICATION OF TRANSFEREE (LESSEE)		
1. Name of Transferee:		2. NMFS Person ID:
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address
5. Business Telephone No.:	6. Business Fax No.:	7. E-mail address:
8. Has transferee submitted an EDR, if required to do so under § 680.6? YES [__] NO [__] NOT APPLICABLE [ ]		
9. Has transferee paid all fees, as required by § 680.44? YES [__] NO [__] NOT APPLICABLE [ ]		

BLOCK D – IDENTIFICATION of IPQ to be TRANSFERRED (LEASED)				
Permit Number	Fishery	Sector of QS	Region	IPQ Pounds

BLOCK E – CERTIFICATION OF TRANSFEROR	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Transferor:	2. Date:
3. Printed Name of Transferor: (If authorized representative**, attach** authorization)	

BLOCK F – CERTIFICATION OF TRANSFEREE	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Transferee:	2. Date:
3. Printed Name of Transferee: (If authorized representative, **attach** authorization)	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2.5 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, 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*), and under 16 U.S.C. 1862(j);
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 (LEASE) OF CRAB IPQ

GENERAL INFORMATION

NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of IPQ is not effective until approved by NMFS.

This application may only be used to apply for a transfer of IPQ for the current crab fishing year. All other applications for transfers must be submitted on an appropriate transfer application.

This application cannot be processed or approved unless both parties to the proposed transfer have met all the requirements and conditions of the CR Program, including (as appropriate):

- Submit an CR Economic Data Report (EDR).
  A CR EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is **June 28**.

  To request that a printed EDR be mailed to you (at no cost), contact

  Pacific States Marine Fisheries Commission
  205 SE Spokane, Suite 100
  Portland, OR 97202

  Telephone: 1-877-741-8913

  e-mail info@psmfc.org.

- Payment of all outstanding fees to NMFS on or before July 31.

  All CR allocation holders and Registered Crab Receiver (RCR) permit holders are subject to a fee liability for any CR crab debited from a CR allocation during a crab fishing year, except for crab designated as personal use or deadloss, or crab confiscated by NMFS or the State of Alaska. The annual cost recovery fee submission deadline is **July 31**.

ADDITIONALLY

- Print information in the application legibly in ink or type information.

- Retain a copy of completed application for your records.

- Do not wait until right before an opening to apply for your permit, as you may not receive it on time. Please **allow up to ten working days** for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval or disapproval of the transfer.

Forms are available through the Internet on the NMFS Alaska Region website at http://www.alaskafisheries.noaa.gov.

- Submit the completed application:

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

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

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

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

Online to: **http://alaskafisheries.noaa.gov**

The transferor and transferee designated representatives must log into the system as indicated on the computer screen.

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 FORM

BLOCK A – TYPE OF TRANSFER

1. Indicate whether this IPQ transfer will be used within the **Eligible Crab Community (ECC)** with which the IPQ is currently associated. An ECC is a community in which at least 3 percent of the initial allocation of processor quota share (PQS) of any crab fishery is allocated. The specific communities are:

CDQ* Communities	Non-CDQ Communities
Akutan	Unalaska/Dutch Harbor
False Pass	Kodiak
St. George	King Cove
St. Paul	Port Moller
	Adak

*CDQ = Western Alaska Community Development Quota

If YES, indicate the name of the current ECC that has the Right of First Refusal (ROFR) and **attach an affidavit** stating:

- That the ECC wishes to permanently waive ROFR for the IPQ or
- That the proposed recipient of the IPQ has completed a ROFR contract with the ECC Entity for the IPQ.

Right of First Refusal (ROFR) means the civil contract provisions set forth under section 313(j) of the Magnuson-Stevens Act between the holders of PQS and IPQ and ECC entities, other than Adak, Alaska, for the opportunity of ECCs to exercise the right to purchase or lease PQS or IPQ proposed to be transferred by a holder of PQS or IPQ in an ECC.

2. Indicate whether this transfer of IPQ will be used outside the ECC with which the IPQ is currently associated.

If YES, requesting transfer of IPQ for use outside an ECC that has designated an entity to represent it in exercise of ROFR under § 680.41(l), **attach an affidavit** signed by the applicant stating that notice of the proposed transfer has been provided to the ECC entity under civil contract terms referenced under §680.40(f)(3) for the transfer of any IPQ subject to ROFR.

Please note: the Regional Administrator will not act upon the application for a period of 10 days. At the end of that time period, the application will be approved if the criteria set forth in §680.41(i) are met.

BLOCK B – IDENTIFICATION OF TRANSFEROR (LESSOR)

1. Enter the full name of the person who intends to transfer the annual IPQ.

2. Enter transferor's NMFS Person ID.

3. Enter the transferor's permanent business mailing address.

4. Enter the transferor's temporary business mailing address (this is the address, if different from #4, to which the applicant wishes materials to be sent).

5-7. Enter the transferor's business telephone number, business fax number, and e-mail address.

8. Indicate whether transferor has submitted an EDR, if required to do so under § 680.6.

9. Indicate whether transferor has paid all fees, as required by § 680.44.

BLOCK C – IDENTIFICATION OF TRANSFEREE (LESSEE)

1. Enter the full name of the person who intends to receive the annual IPQ.

2. Enter the transferee's NMFS Person ID.

3. Enter the transferee's permanent business mailing address.

4. Enter the transferee's temporary business mailing address (this is the address, if different from #4, to which the applicant wishes materials to be sent).

5-7. Enter the transferee's business telephone number, business fax number, and e-mail address.

8. Indicate whether transferee has submitted an EDR, if required to do so under § 680.6.

9. Indicate whether transferee has paid all fees, as required by § 680.44.

BLOCK D – IDENTIFICATION OF IPQ TO BE TRANSFERRED

Enter the IPQ permit number, Fishery, Sector, Region, and the number of IPQ pounds that are intended to transfer.

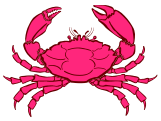
For your assistance in completing this block, the following table identifies the appropriate codes for each fishery, sector and region.

Crab Fishery	**Code**	**Sector of QS**	**Code**	**Region**	**Code**
Bristol Bay red king	BBR	Catcher Vessel Owner	CVO	North	N
Bering Sea snow	BSS	Catcher/Processor Owner	CPO	South	S
Bering Sea Tanner	BST	Catcher Vessel Captain/Crew	CVC	West	W
Eastern Aleutian Golden	EAG	Catcher/Processor Captain/Crew	CPC	Undesignated	U
Pribilof red and blue king	PIK	Processor Quota	PQS		
St. Matthew blue king	SMB				
Western Aleutian golden	WAG				
Western Aleutian red king	WAI				

Repeat this information for all IPQ pounds that are intended to be transferred. If more space is needed, duplicate Block D as necessary.

BLOCKS E AND F – CERTIFICATION OF TRANSFEROR AND TRANSFEREE

Print name, sign, and enter date of signature of both the transferor and transferee. Note, that if an authorized representative is completing the form, full authorization must be **attached**.



Application for TRANSFER of CRAB QS or PQS

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

Notes:

1. This application to transfer Quota Share (QS) or Processor Quota Share (PQS) will not be processed between June 15 of any year and the date of issuance of the Individual Fishing Quota (IFQ) or Individual Processor Quota (IPQ) in the Bering Sea or Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery.
2. This application will not be processed or approved unless it is complete. In addition to providing the information required in the application, a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document(s) that reveal the contractual terms between the parties.
3. Do not use this application to apply for a transfer of QS or PQS to, or from, an Eligible Crab Community Organization or a Crab Harvesting Cooperative, or to conduct an annual lease of IFQ or IPQ.
4. **Attachment:** a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document that reveals the contraction terms between the parties.

BLOCK A – TYPE OF TRANSFER

1. Indicate the type(s) of Quota for which a transfer is requested:

CPO QS [ ] CVO QS [ ] CPC QS [ ] CVC QS [ ] PQS [ ]

If applying to receive CVC or CPC QS by transfer, **submit proof** of at least one delivery of a crab species in any CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of crab QS or PQS.

Proof of this landing is:

- Signature of the applicant on an **ADF&G Fish Ticket**; or
- An **affidavit** from the vessel owner attesting to that individual's participation as a member of a fish harvesting crew onboard a vessel during a landing of a crab QS species within the 365 days prior to submission of an Application for transfer of crab QS or PQS.

2. If this is a transfer of PQS, will the PQS be used **within the Eligible Crab Community (ECC)** with which the PQS is currently associated?

YES [ ] NO [ ] NOT APPLICABLE [ ]

If YES, indicate the name of the current ECC that has the Right of First Refusal (ROFR)

_____

And **attach an affidavit** stating that the ECC wishes to permanently waive ROFR for the PQS or that the proposed recipient of the PQS has completed a ROFR contract with the eligible crab community organization (ECCO) for the PQS that includes the terms enacted under section 313(j) of the Magnuson-Stevens Act and referenced under § 680.40(f)(3).

3. If this is a transfer of PQS, will the PQS be used **outside the ECC** with which the PQS is currently associated

YES [ ] NO [ ] NOT APPLICABLE [ ]

If requesting transfer of PQS for use outside an ECC that has designated an entity to represent it in exercise of Right of First Refusal (ROFR) under § 680.41(l), the Regional Administrator will not act upon the application for a period of 10 days. At the end of that time period, the application will be approved pending meeting the criteria set forth in § 680.41(i).

BLOCK B - TRANSFEROR (SELLER) ***(The transferor is the person currently holding the QS or PQS)***		
1. Name:		2. NMFS Person ID:
3. Permanent Business Mailing Address:	4. Temporary Business Mailing Address:	
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail address (if available):
8. Has transferor submitted an EDR, if required to do so under § 680.6? YES [ ] NO [ ] NOT APPLICABLE [ ]		
9. Has transferor paid all fees, as required by § 680.44? YES [ ] NO [ ] NOT APPLICABLE [ ]		

BLOCK C – IDENTIFICATION OF TRANSFEREE (BUYER)		
1. Name:		2. NMFS Person ID:
3. Permanent Business Mailing Address:	4. Temporary Business Mailing Address:	
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail address (*if available*):

8. Has transferee submitted an EDR, if required to do so under § 680.6?

YES [ ] NO [ ] NOT APPLICABLE [ ]

9. Has transferee paid all fees, as required by § 680.44?

YES [ ] NO [ ] NOT APPLICABLE [ ]

BLOCK D – ELIGIBILITY OF TRANSFEREE

(Does not pertain to those seeking to receive Processing Quota Share)

Different eligibility standards pertain to a transferee depending on the type of harvesting QS that is being transferred, Please read the Instructions for complete details.

1. Is the transferee applying to receive CVO or CPO QS (with or without IFQ)? YES [ ] NO [ ]

   If YES, is the transferee an eligible recipient of QS or IFQ as explained in the Instructions? YES [ ] NO* [ ]

2. The transferee is applying to receive CVC or CPC QS (and/or IFQ)? YES [ ] NO [ ]

   If YES, is the transferee an eligible recipient of QS or IFQ as explained in the Instructions? YES [ ] NO* [ ]

   ***If NO**, a completed Application for BSAI Crab Eligibility to Receive QS/PQS or IFQ/IPQ by Transfer form must be completed, submitted, and approved by NMFS before this Application for Transfer of QS or PQS can be approved.

BLOCK E – IDENTIFICATION AND COST OF QUOTA TO BE TRANSFERRED

If Transfer Application is for more QS or PQS than the space provided on this form allows, **duplicate this page** as necessary to include all intended transfers with one application.

1. Identification of Quota Share or Processor Quota Share (QS/PQS) Quota (from Report of Quota Holdings):

Fishery	*Sector	Region	Beginning Serial Number	Ending Serial Number	Number QS Units
_____	_____	_____	_____	_____	_____

***Note: If transfer of CPO Quota, complete Questions 3 and 4 below**

2. Are any current year IFQ or IPQ Pounds to transfer with the QS or PQS? [ ] YES [ ] NO

   If YES, complete the following:

   Permit Number: _____ Class (A or B): _____ Pounds: _____

3. How is the CPO QS to be designated after the transfer? [ ] CPO QS Only [ ] CVO QS *and* PQS *

   ***Note: If CPO QS is transferred as both CPO QS and PQS, the resulting ratio of CVO shares to PQS shares will be 1:0.9 (i.e., 1 CVO share to 0.9 PQS shares)**

4. If transferring CPO QS intended to be designated as CVO QS and PQS, indicate the one region as appropriate for the fishery: [ ] North [ ] South [ ] West [ ] Undesignated

5. What is the total price of the QS or PQS, including all fees and other transaction costs? $ _____

6. What is the price per Unit of QS or PQS? $ _____ (*Price divided by Units*)

BLOCK F_1 – SURVEY QUESTIONS FOR TRANSFEROR (SELLER)

1. Why are you proposing to transfer the Quota (check all reasons that apply)?

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

[ ] Pursue non-fishing activities [ ] Trading shares [ ] Health problems

[ ] Enter other fisheries [ ] Hardship (please describe) [ ] Other (please describe)

Describe "Hardship" or "Other" reason (if applicable):

2. Is a Permit Broker being used for this transaction? YES [ ] NO [ ]

If YES, how much is being paid in broker fees? $_____; or _____% of total price of Quota

BLOCK F_2 -- SURVEY QUESTIONS FOR TRANSFEREE (BUYER)

1. Will the Quota to be transferred under this application be used as collateral for a loan? YES [ ] NO [ ]

If YES, please identify the party with an interest in the Quota: _____

2. What is your primary source of financing for Quota to be transferred under this application?

[ ] Self – Personal Resources [ ] AK – CFAB [ ] Gift (no financing)

[ ] Private Bank/Credit Union [ ] Transferor/Seller [ ] NOAA Fisheries Loan

[ ] AK Division of Investments [ ] Processor/Fishing Company [ ] Other (describe below)

Explain "Other" source of financing:

3. How was the Quota located (check all sources that apply)?

[ ] Advertisement/Public Notice [ ] Direct Notice from Transferor [ ] Permit Broker

[ ] Other (explain "Other" Source):

4. What is the relationship, if any, between the Transferor and the Transferee?

[ ] No Relationship [ ] Business Partner [ ] Family Member [ ] Friend or Acquaintance

[ ] Other (explain below)

Describe "Other" Relationship:

BLOCK G – CERTIFICATION OF TRANSFEROR	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Transferor:	2. Date:
3. Printed Name Transferor (If completed by authorized representative, **attach** authorization):	
4. Notary Public Signature: **ATTEST**	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

BLOCK H – CERTIFICATION OF TRANSFEREE	
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Transferee:	2. Date:
3. Printed Name Transferee (If completed by authorized representative, **attach** authorization):	
4. Notary Public Signature: **ATTEST**	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

Instructions
APPLICATION FOR TRANSFER OF CRAB QS OR PQS

GENERAL INFORMATION

NMFS will approve a request for transfer of crab processor quota share (PQS) or quota share (QS) in that Bering Sea and Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery provided the persons are qualified to receive PQS or QS by transfer. However, the Regional Administrator will not approve a transfer of any type of PQS or QS that would cause a person to exceed the maximum amount of PQS or QS allowable under the use limits.

NMFS will process a request for transfer of PQS or QS provided that an application is completed, with all information fields accurately filled in, and all required additional documentation is attached. This Application for the Transfer of Crab QS or PQS will not be processed between **June 15** of any year and the date of issuance of the IFQ or individual processor quota (IPQ).

NOTE: In addition to providing the information required in the application, a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document that reveals the contraction terms between the parties.

Do not use this application to apply for a transfer of QS or PQS to, or from, an Eligible Crab Community Organization or to, or from, a Crab Harvesting Cooperative or to conduct an annual lease of IFQ or IPQ.

This application cannot be processed or approved unless both parties to the proposed transfer have met all the requirements and conditions of the CR Program, including (as appropriate):

- Submit a Crab Economic Data Report (EDR).
  An CR EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is **June 28**.

  To request that a printed EDR be mailed to you (at no cost), contact

  Pacific States Marine Fisheries Commission
  205 SE Spokane, Suite 100
  Portland, OR 97202

  Telephone: 1-877-741-8913

  e-mail: info@psmfc.org

- Payment of all outstanding fees to NMFS.

  All CR allocation holders and Registered Crab Receiver (RCR) permit holders are subject to a fee liability for any CR crab debited from a CR allocation during a crab fishing year, except for crab designated as personal use or deadloss, or crab confiscated by NMFS or the State of Alaska. The annual cost recovery fee submission deadline is on or before **July 31**.

ADDITIONALLY

- Print information in the application legibly in ink or type information.
- Retain a copy of completed application for your records.
- Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

Please allow up to ten (10) working days for a transfer application to be reviewed, processed, and approved or disapproved; the parties will be notified upon approval of the transfer.

Forms are available through the Internet on the NMFS Alaska Region website at http://www.alaskafisheries.noaa.gov.

Applications submitted to RAM must bear the original signatures of the parties -- RAM will not process faxed applications. When complete, submit the application:

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

Or by courier to:
NOAA Fisheries,
Alaska Region (NMFS/RAM)
Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801

Items will be sent 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 – TYPE OF TRANSFER

1. Indicate the type(s) of quota for which an Application to Transfer is being submitted. The different types of quota that may be transferred using this application are:

Catcher/Processor "Owner" Quota and annual Individual Fishing Quota	(CPO QS)
Catcher Vessel "Owner" Quota and annual Individual Fishing Quota	(CVO QS)
Catcher/Processor "Captain/Crew" Quota and annual Individual Fishing Quota	(CPC QS)
Catcher Vessel "Captain/Crew" Quota and annual Individual Fishing Quota	(CVC QS)
Processing Quota Share and annual Individual Processing Quota	(PQS)

Pursuant to Federal regulations at 50 CFR 680.41:

In the case of an application for transfer of PQS for use within an eligible crab community (ECC) that has designated an entity to represent it in exercise of Right of First Refusal (ROFR), the Regional Administrator will not approve the application unless either the Eligible Crab Community (ECC) entity provides an affidavit to the Regional Administrator that the ECC wishes to permanently waive ROFR for the PQS or the recipient of the PQS provides an affidavit affirming the completion of a contract for ROFR that includes the terms enacted under section 313(j) of the Magnuson-Stevens Act and referenced under § 680.40(f)(3).

2. Indicate if this transfer of PQS will be used within the Eligible Crab Community (ECC) with which the PQS is currently assigned.

   If YES, write in the name of the ECC that has the Right of First Refusal (ROFR) and **attach an affidavit** stating that the ECC wishes to permanently waive ROFR for the PQS or that the proposed recipient of the PQS has completed a ROFR contract with the Eligible Crab Community Organization (ECCO) for the PQS that includes the terms enacted under section 313(j) of the Magnuson-Stevens Act and referenced under § 680.40(f)(3).

   If NO or **NOT APPLICABLE** continue to next question.

3. Indicate if this transfer of PQS and IPQ will be used outside the ECC with which the PQS is currently associated.

   If YES, please note that the Regional Administrator may not act upon the application for a period of 10 days. At the end of that time period, the application will be approved pending meeting the criteria set forth in § 680.41(i).

   IF NO or **NOT APPLICABLE**, continue to next Block.

BLOCK B – IDENTIFICATION OF TRANSFEROR (SELLER)

1. Enter the full, legal, business name of the person that holds quota and wishes to transfer it;
2. Enter the transferor's NMFS Person ID;
3. Enter the permanent business mailing address;
4. Enter the temporary business mailing address (this is the address, if different from #3, to which the applicant wishes materials to be sent);

5-7. Enter the business telephone number, business fax number, and e-mail address.

8-9. Check the appropriate box that applies to submission of Economic Data Report (EDR) and fee payment(s)

BLOCK C – IDENTIFICATION OF TRANSFEREE (BUYER)

1. Enter the full, legal, business name of the person that wishes to receive the quota by transfer;
2. Enter the person's NMFS Person ID;
3. Enter the permanent business mailing address.
4. Enter the temporary business mailing address (this is the address, if different from #3, to which the applicant wishes materials to be sent);

5-7. Enter the business telephone number, business fax number, and e-mail address.

8-9. Check the appropriate box that applies to submission of Economic Data Report (EDR) and fee payment(s)

BLOCK D – ELIGIBILITY OF TRANSFEREE

The following standards pertain to eligibility to receive CR quota by transfer (§ 680.41(c):

Quota Type	Eligible Person	Eligibility Standards
PQS not issued under 680.40(e)(3)(i)	Any Person	None
IPQ	Any Person	None
CVO or CPO QS	a) A person initially issued QS	No other eligibility requirements
	b) An Individual	who is a U.S. citizen and with at least 150 days of sea time as part of the harvesting crew in any U.S. commercial fishery
	c) A corporation, partnership, association or other non-individual entity	With at least one individual member who is a U.S. citizen and who: a) owns at least 20% of the entity, and b) has at least 150 days sea time as part of the harvesting crew in any U.S. commercial fishery
	d) An ECCO	that meets the eligibility requirements at 680.41(j)
	e) A CDQ Group	No other eligibility requirements
Converted CPO QS	n/a	Converted CPO QS may not be transferred
CPO IFQ derived from Converted CPO QS	n/a	CPO IFQ derived from Converted CPO may not be transferred
CVO or CPO IFQ	All eligible persons for CVO or CPO QS	According to requirements in 680.41(c)(1)(iii)
CVC or CPC QS	An Individual who is a U.S. citizen with	a) at least 150 days sea time as part of the harvesting crew in any U.S. commercial fishery and, b) recent participation in a CR crab fishery in the 365 days prior to submission of the application for eligibility
CVC or CPC IFQ	All eligible persons for CVC or CPC QS	According to the requirements in 680.41(c)(1)(v)

1. Indicate whether the proposed transferee is applying to receive CVO or CPO QS (with or without IFQ).

   If YES, indicate whether the proposed transferee is an eligible recipient of QS or IFQ, is eligible to receive the CVO/CPO QS/IFQ according to the standards below, and has verification to that effect issued by the Alaska Region of NOAA Fisheries (RAM).

   If NO, the proposed transferee must apply for eligibility to receive CVO/CPO QS/IFQ by completing and submitting to RAM an Application for BSAI Crab Eligibility to Receive QS/PQS or IFQ/IPQ by Transfer. Upon approval of eligibility, this Application for Transfer or Crab QS or PQS may be submitted for approval.

2. Indicate whether the proposed transferee is applying to receive CVC or CPC QS (with or without IFQ).

   If YES, indicate whether the transferee is an eligible recipient of QS or IFQ, is eligible to receive the CVC/CPC QS/IFQ according to the standards below, and has verification to that effect issued by the Alaska Region of NOAA Fisheries (RAM).

If NO, the proposed transferee must apply for eligibility to receive CVC/CPC QS/IFQ by completing and submitting to RAM an Application for BSAI Crab Eligibility to Receive QS/PQS or IFQ/IPQ by Transfer. Upon approval of eligibility, this Application for Transfer or Crab QS or PQS may be submitted for approval.

BLOCK E – IDENTIFICATION AND COST OF QUOTA TO BE TRANSFERRED

Each unit of CR Program QS and PQS is identified by an alpha-numeric code. The alphabetical portion of the code indicates the Fishery, the Sector, and the Region for which the Quota will yield annual IFQ or IPQ. The possible combinations include:

Crab Fishery	Code
Bristol Bay Red King	BBR
Bering Sea Snow	BSS
Bering Sea Tanner	BST
Eastern Aleutian Golden	EAG
Pribilof Red and Blue King	PIK
St. Matthew Blue King	SMB
Western Aleutian Golden	WAG
Western Aleutian Red King	WAI

Sector of QS	Code
Catcher Vessel Owner	CVO
Catcher/Processor Owner	CPO
Catcher Vessel Captain/Crew	CVC
Catcher/Processor Captain/Crew	CPC
Processor Quota	PQS

Region	Code
North	N
South	S
West	W
Undesignated	U

1. Enter the correct Fishery, Sector, and Region Code, as well as the beginning serial number and the ending serial number as set out on the Report of Quota Holding issued by RAM.
2. Indicate whether any current year IFQ or IPQ pounds are intended to transfer with the QS or PQS.

   If YES, Enter the IFQ or IPQ permit number, the class of IFQ ("A" - if delivery restrictions apply, or "B" - if such restrictions do not apply), and the number of pounds from that permit that are intended to transfer.
3. Indicate whether CPO QS will be re-designated upon transfer.
   Note if CPO QS is being transferred, the prospective transferee may choose to re-designate the QS as CVO QS and PQS. If such an election is made, the resulting QS will transfer in the ratio of 1:0.9 [i.e., 1 CVO share to 0.9 PQS shares].
4. If the choice is made to re-designate the QS as CVO QS and PQS, indicate the Region to which the resulting re-designated Quota will be assigned.

   If necessary, duplicate the pages to include segments of CPO QS to be transferred.
   Note that the IFQ and the IPQ that the re-designated QS will yield will not be issued until the crab fishing year following the year in which the transfer and re-designation was approved.
5. Enter the total price of the QS or PQS, including all fees and other transaction costs.
6. Indicate the price per unit of QS or PQS.`

BLOCK F_1 – SURVEY QUESTIONS FOR TRANSFEROR (SELLER)

The information provided on this section of the Application for Transfer is used to analyze, and report on, CR Program performance. All information provided on this survey is confidential under the Privacy Act and will not be publicly released except as aggregated data such that the identity of the submitter cannot be determined.

Complete the survey question; check all that apply. Provide an explanation if the transfer is requested pursuant to a "hardship" (IFQ resulting from CVC or CPC QS) and/or if the transfer is requested pursuant to some "other" reason.

Indicate whether a permit broker was used to facilitate this transfer; if so, enter the broker fees as either a "lump sum" (how much was paid to the Broker) or as a percentage of the total price of the Quota.

BLOCK F_2– SURVEY QUESTIONS FOR TRANSFEREE (BUYER)

The information provided on this section of the Application for Transfer is used to analyze, and report on, CR Program performance. All information provided on this survey is confidential under the Privacy Act and will not be publicly released except as aggregated data such that the identity of the submitter cannot be determined.

1. Indicate whether the Quota to be transferred will be used as collateral for a loan.

   If YES, identify the party with an interest in ("lien" against) the Quota.

   RAM, as a courtesy, will enter the name of the party that has asserted an interest in the Quota on the Report of Quota Holdings that is provided to QS Holders; recording the asserted interest does not create a valid lien against the Quota, does not indicate that a valid lien exists; likewise, the absence of a recorded interest does not mean that no lien exists.

2. Indicate the major source of financing for the Quota; describe "Other" source of financing in the space provided.

3. Indicate how the Quota was located; i.e., how did the Transferee know that the Quota was available for transfer?

4. Indicate the relationship, if any, between the Transferor and the Transferee; describe any "Other" relationship.

BLOCKS G AND H – SIGNATURE OF THE TRANSFEROR AND TRANSFEREE

Complete the Signature Blocks.

Sign and print the names of the transferor and transferee and date the application in the presence of a Notary Public.

Representatives signing for a transferor or transferee must **attach** proof of authorization to this application.

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

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq*.) and under 16 U.S.C. 1862(j); 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.