

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 05/10/2018

Department of Commerce
National Oceanic and Atmospheric Administration

FOR CERTIFYING OFFICIAL: Rod Turk
FOR CLEARANCE OFFICER: Jennifer Jessup

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 01/18/2018

ACTION REQUESTED: Revision of a currently approved collection

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 201801-0648-002

AGENCY ICR TRACKING NUMBER:

TITLE: Southeast Region IFQ Programs

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 0648-0551

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: 05/31/2021

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	22,695	1,762	60
New	31,666	2,168	155
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	8,971	406	95
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE:

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

List of ICs			
IC Title	Form No.	Form Name	CFR Citation
Dealer landing transaction report	NA, NA	Landing Transaction Catastrophic Conditions paper version, Dealer Landing Transaction Report	50 CFR 622.16
Transfer and receipt of share by shareholders/permit holders	NA, NA, NA	Transfer of IFQ shares, Receive transferred shares, Application for allocation transfer	
Notification of landing	NA	IFQ Notification of Landing	50 CFR 622.16
Transfer of allocation	NA	IFQ Transfer of Allocation	
IFQ online account renewal application	NA	Gulf of Mexico On Line IFQ account application	
Landings correction request form	NA	Landing Transaction Request Form	
Cost recovery fee submission by dealers	NA	Cost Recovery Fee Submission Form	50 CFR 622.16
Reef fish approved landing location and landing criteria	NA	Reef fish landing criteria and approved landing location	
Wreckfish quota share transfer	NA	Wreckfish quota share transfer form	
IFQ close account form	NA	IFQ Close Account	
Account update	NA	IFQ account update	
Trip ticket update	NA	Trip ticket update	

PAPERWORK REDUCTION ACT SUBMISSION

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

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

19. Certification for Paperwork Reduction Act Submissions

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

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

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

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

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

Signature of Senior Official or designee

Date

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

Signature

Date

Signature of NOAA Clearance Officer

Signature

Date

**SUPPORTING STATEMENT
SOUTHEAST REGION INDIVIDUAL FISHING QUOTA PROGRAMS
OMB CONTROL NO. 0648-0551**

INTRODUCTION

This request is for revision and extension of an approved information collection.

A. JUSTIFICATION

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

The Magnuson-Stevens Fishery Conservation and Management Act ([Magnuson-Stevens Act](#)) authorizes each of the regional fishery management councils to prepare and amend fishery management plans (FMPs) for any fishery in federal waters under its jurisdiction. In the U.S. southeast region, the National Oceanic and Atmospheric Administration (NOAA), National Marine Fisheries Service (NMFS) manages three catch share programs for commercial fisheries. The individual fishing quota (IFQ) programs for red snapper, and groupers and tilefishes are managed under the FMP for the Reef Fish Resources of the Gulf (Gulf Reef Fish FMP), which was developed by the Gulf of Mexico Fishery Management Council. NMFS implemented the Gulf IFQ programs in 2006 and 2009, respectively. The wreckfish individual transferable quota (ITQ) program is managed under the FMP for the Snapper-Grouper Fishery of the South Atlantic Region, which was developed by the South Atlantic Fishery Management Council. NMFS implemented the South Atlantic wreckfish ITQ program in 1992.

At the start of each IFQ and ITQ program, NMFS allocated shares (percentages) of the quota to commercial fishermen. Each year shares result in annual allocation (pounds of fish) that limits how many pounds of fish that fishermen can harvest annually. Fishermen can transfer shares or allocation to other IFQ and ITQ program participants to increase or decrease the amount they can harvest. Share and allocation transfers, as well as landing transactions and landing notifications are completed electronically through an online web-based accounting system for Gulf red snapper and Gulf groupers and tilefishes, and through the NMFS Sustainable Fisheries Division, Limited-Access Privilege Programs (LAPPs) and Data Management Branch for paper-based South Atlantic wreckfish share transfer transactions.

Since the IFQ and ITQ programs began, NMFS has been collecting this information to administer and operate these programs, which are intended to address overcapitalization, prevent derby fishery conditions, and prevent overfishing of these fishery resources.

The information collection under OMB Control No. 0648-0551 addresses IFQ shares, ITQ share certificates (for wreckfish ITQ), and allocation debits and transfers, as well as collection of landings information necessary to operate, administer, and review management of commercial red snapper, and groupers and tilefishes in the Gulf, and wreckfish in the South Atlantic.

In addition to an extension of this currently approved information collection, NMFS proposes revisions to the Landing Transaction and Allocation Transfer forms. On the electronic version of

the Landing Transaction form, NMFS would add an optional field for fishermen to insert their vessel trip report (VTR) number. The VTR number would allow NMFS an additional method to match landings reported through the electronic IFQ system with other logbook data to ensure accuracy. The paper version of the Landing Transaction form would be revised to allow fishermen to report landings if NMFS determines catastrophic conditions exist, e.g., after a natural disaster, and electronic reporting is not possible. NMFS would also revise the paper version of the Allocation Transfer form if NMFS determines catastrophic conditions exist to allow fishermen additional flexibility during such conditions.

In a separate submission to OMB, NMFS is proposing to establish a temporary new collection resulting from a proposed rule for Regulatory Identification Number 0648-BG83, which is anticipated to publish soon in the *Federal Register*. The temporary new collection would also apply to respondents in the IFQ programs. This requested revision and extension of 0648-0551, does not include the burden estimates from the proposed new collection; however, assuming both information collections would be approved, NMFS will merge the temporary new collection with the information collection under 0648-0551 in the near future.

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

Gulf Red Snapper and Groupers and Tilefishes IFQ Programs

IFQ share and allocation debits and transfers are tracked using an electronic accounting and reconciliation process developed by NMFS, in which IFQ shareholders or allocation holders, dealers, NMFS personnel, IFQ vessel account holders, and 24-hour customer service personnel participate. The IFQ share or allocation holder and dealer records share, allocation, and landing transactions, as well as landing notifications using the online web-based system (<https://portal.southeast.fisheries.noaa.gov/cs/>). Transactions are completed and tracked in real-time to ensure proper accounting of share and allocation transfers, landing notifications, and landing transactions. Each user of the IFQ online system is assigned a User ID and password for logging in.

Frequency of use of the online system varies greatly among participants, depending on total shareholdings, and numbers of fishing trips and landing transactions completed. Question 12 provides a summary of the number of annual responses NMFS expects to receive for online activities. NMFS and a 24-hour customer call service use the online system daily.

NMFS monitors and audits IFQ transactions to ensure that share caps are not exceeded, landing notifications are made, and landing transactions are completed in a timely fashion. NMFS also monitors quota shares suspended prior to issuance and other legal actions taken against IFQ shareholders in which IFQ is garnished. For enforcement purposes, IFQ landings must occur at pre-approved landing locations, fish must be sold to IFQ permitted dealers, and fish can only be offloaded between 6 a.m. and 6 p.m. daily. Persons landing IFQ species are required to notify NMFS at least 3 hours, but no more than 24 hours, in advance of the time of landing and of the dealer location information where landing will occur.

During catastrophic conditions only, the IFQ program provides for use of paper-based components for basic required functions as a backup. NMFS determines when catastrophic conditions exist, the duration of the catastrophic conditions, and which participants or geographic areas are deemed affected by the catastrophic conditions. NMFS will provide timely notice to affected participants via publication of notification in the *Federal Register*, NOAA Weather Radio, fishery bulletins, and other appropriate means will authorize the affected participants' use of paper-based components for the duration of the catastrophic conditions. NMFS will provide each IFQ dealer the necessary paper forms and instructions for submission of the forms to NMFS. The program functions available to participants or geographic areas deemed affected by catastrophic conditions will be limited under the paper-based system. Assistance in complying with the requirements of the paper-based system will be available via IFQ Customer Service 1-866-425-7627, Monday through Friday, from 8 a.m. and 4:30 p.m. eastern time.

NMFS proposes revisions to the Landing Transaction and Allocation Transfer forms. On the electronic version of the Landing Transaction form, NMFS would add an optional field for fishermen to insert their vessel trip report (VTR) number. The VTR number would allow NMFS an additional method to match landings reported through the electronic IFQ system with other logbook data to ensure accuracy. The paper version of the Landing Transaction form would be revised to allow fishermen to report landings if NMFS determines catastrophic conditions exist, e.g., after a natural disaster, and electronic reporting is not possible. NMFS would also revise the paper version of the Allocation Transfer form if NMFS determines catastrophic conditions exist to allow fishermen additional operational flexibility during such conditions.

South Atlantic Wreckfish ITQ Program

Wreckfish ITQ shares transfers are paper-based and are completed through the NMFS' Sustainable Fisheries Division, LAPPs and Data Management Branch. The transfer form is printed on the back of the percentage shares certificate. With each transfer of ownership, the certificate will be reissued. The certificate identifies the seller, but the buyer must provide their name, address, corporate (employer's) federal tax identification number, and telephone number. The sale price is necessary for economic analysis. The signatures of buyer, seller, and witness will secure the transaction. If the party purchasing shares is a shareholder, the share certificate must be surrendered so that it can be reissued.

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

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

Gulf Red Snapper and Groupers and Tilefishes IFQ Programs

Information is collected via a Web-based system, through satellite-linked vessel monitoring system (VMS) units attached to vessels, and through a 24-hour call hotline, with paper submission an option only in catastrophic circumstances.

IFQ share certificate, and allocation debits and transfers are tracked using an electronic accounting and reconciliation process developed by NMFS, in which the IFQ share certificate holder or allocation holder, dealer, NMFS, and a 24-hour call service participates. The following information is currently collected and monitored through the electronic accounting and reconciliation process:

- Sale of IFQ managed species to an IFQ dealer by an IFQ vessel account holder.
- Sale price of IFQ species, IFQ shares, and IFQ allocation.
- The weight of the landed catch and the state trip ticket number for the transaction.
- Cost recovery fees collected by the dealer from the fisherman at the time of the landing transaction (our site links to the page the users complete in order to submit their cost recovery fee payments to the IFQ system, a site maintained by pay.gov)
- To whom the catch was sold and their dealer or permit number.
- To whom shares or allocation were sold and their shareholder or vessel account User ID.
- Whether initial recipients hold enough IFQ allocation.
- IFQ shareholdings, to ensure no one entity holds an excessive amount of shares.
- IFQ landing notifications, including vessel involved in landing, landing location, dealer to whom fish will be sold, time and date of landing, and estimated pounds to be landed.
- Reconciliations of IFQ share certificate holder, or allocation holder and dealer transactions, which would be confirmed and authorized using NMFS approval codes.
- Adding an IFQ landings location.
- Landing approvals.
- Administrative update capabilities to a program user's account security information and adding a trip ticket number to a previously completed landing transaction form.

The proposed revisions to OMB Control No. 0648-0551 would allow submission of paper versions of the Landing Transaction and Allocation Transfer forms during declared catastrophic circumstances, e.g., after a natural disaster. NMFS expects these occasions to be uncommon.

South Atlantic Wreckfish ITQ Program

The wreckfish share transfer process requires the signatures of witnesses on paper forms. The ITQ program remains paper based until the South Atlantic Fishery Management Council and NMFS consider whether to implement an electronic system.

4. Describe efforts to identify duplication.

The Magnuson-Stevens Act's operational guidelines require each FMP and FMP amendment to evaluate existing state and federal laws that govern the fisheries in question, and the findings are made part of each FMP. Each fishery management council is comprised of state and federal officials responsible for resource management in their area. These two circumstances allow identification of other collections that may be gathering the same or similar information. In addition, each FMP undergoes extensive public comment periods where potential applicants

review the proposed permit application requirements. Therefore, NMFS is confident it is aware of similar collections if they exist. The other information proposed to be collected is not being collected elsewhere; therefore, this data collection would not cause duplication.

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

Because all applicants are considered small businesses, separate requirements based on size of business have not been developed. Only the minimum data to meet the current and future needs of NMFS fishery managers are requested from participants in the Southeast Region IFQ programs.

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

NMFS would be unable to manage the Southeast Region IFQ and ITQ programs if this collection were not conducted or were conducted less frequently. The approved participants would be unknown and landing transactions could not be effectively tracked or enforced, which would result in allocations potentially being exceeded.

If this collection was not conducted or included fewer vessels that commercially harvest Gulf reef fish, NMFS would be unable to make changes to the IFQ programs recommended in Amendment 36A to the Gulf Reef Fish FMP. As stated in Amendment 36A and the proposed rule for RIN 0648-BG83, there is concern about the illegal harvest of IFQ managed species that may not be reported or reported as another species. Improvements to enforcement of the IFQ programs' requirements would need to be developed through other means. Requiring additional landing notifications to include every vessel commercially harvesting Gulf reef fish would potentially reduce the illegal harvest of IFQ species because of better interception of these vessels by marine enforcement agents to verify their catch.

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

No special circumstances are associated with this information collection.

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

On August 30, 2017, NMFS published a notice in the *Federal Register* soliciting public comments on the extension and revision of the 0648-0551 information collection (82 FR 41213); however, no comments were received.

Because these data collection programs are part of fishery management plans, both scientific and constituent advisory committees have reviewed all aspects of the IFQ programs. Furthermore, comments and suggestions from affected fishermen are routinely submitted, reviewed, and considered. Experience with the IFQ programs, some of which have been operating for many years, provides a continual feedback mechanism to NMFS on issues and concerns to the respondents.

In late 2017, NMFS contacted two dealers, and one dealer who owns vessels and is an IFQ shareholder, regarding different forms that they complete. Here is a summary of the comments received:

- The forms are very easy to understand. The instructions are clear, so I know what I am supposed to do.
- We have been doing it so long that it's easy and doesn't take too long. The instructions are self-explanatory, and we don't have any problems knowing what to do.
- The online account application asks for similar information as the permit renewal [application], so we already have all the information we need handy.

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

There are no payments or other remunerations to respondents.

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

Gulf Red Snapper and Groupers and Tilefishes IFQ Programs

As stated on the forms, all data are treated as confidential in accordance with [NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics](#).

South Atlantic Wreckfish ITQ Program

Regulations at 50 CFR 622.172 require NMFS to provide each wreckfish shareholder with a list of all wreckfish shareholders with the names, addresses, and the percentage of shares for each shareholder on an annual basis. Based on past court decisions, the [Freedom of Information Act](#) serves as the basis for release of confidential name and address information via a NOAA Internet website for informational purposes. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.

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

The only question that could be deemed sensitive is the value paid for the shares. Values are confidential and only released in aggregate form. This information is necessary for economic analysis for the purpose of managing the wreckfish ITQ program. No one has ever objected to providing any of the information on the form.

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

Currently, the total approved time burden for OMB Control No. 0648-0551 is 1,762 hours per year.

Table 1

Collection	Respondents	Number of Responses per Respondent	Burden Time in Minutes	Annual Responses	Total Annual Burden Hours
Dealer Landing Transaction Report	Dealer 119	84.32	5	10,034	836
Submitting Cost Recovery Fees	Dealer 119	3.34	3	397	20
Landing Correction Form	Dealer/Fisherman* 42	3.88	3	163	8
Notification of Landing	Fisherman* 444	16.82	5	7,470	623
Transfer of Share	Shareholder** 139	4.03	3	560	28
Transfer of Allocation	Shareholder** 604	19.7	3	11,900	595
IFQ Online Account Renewal Application	Shareholder** 133	1	15	133	33
IFQ Close Account Form	Dealer/Shareholder** 9	1	3	9	1 (.45)
Wreckfish Share Transfer	Shareholder 6	0.17	15	1	1 (.25)
Reef Fish Landing Location	Fisherman 26	1.27	3	33	2
Receive Transferred Shares	139	4.03	1	560	9
Update Account	31	1	2	31	1
Update Trip Ticket	34	11.12	2	378	13
TOTALS	1,059 (1,780 with duplicates)			31,666	2,168

*Fishermen is defined here as those who are actively fishing.

**Shareholder is defined here as an account that may or may not hold shares. To participate in the IFQ program you must have a shareholder account and these accounts may transfer shares and allocation and must renew citizenship every two years. Shareholder accounts include public participants (accounts without associated reef fish permits). Shareholder accounts without a reef fish permit must fill out the citizenship requirement through the IFQ system, while those with a reef fish permit renew citizenship with their permit each year.

NMFS does not expect the proposed revisions to the Landing Transaction and Allocation Transfer forms to affect the time burden for either form or the OMB Control No. 0648-0551 information collection overall. If affected respondents choose to insert the optional VTR number on the Landing Transaction form, NMFS expects this would add a negligible amount of time to complete the form.

The labor cost for 2,168 burden hours is estimated to be \$43,400 for all reporting activities, based on an estimated average labor cost of \$20.

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

Currently, the total approved cost burden for OMB Control No. 0648-0551 is \$60 per year.

NMFS collects cost-recovery fees for the red snapper, and groupers and tilefishes IFQ programs, pursuant to section 304(d)(2)(A) of the Magnuson-Stevens Act, which provides the Secretary of Commerce the authority to establish a fee to assist in recovering the actual costs directly related the management and enforcement of any IFQ program. However, such fees are not considered to be recordkeeping or reporting cost under the PRA.

The only recordkeeping or reporting costs would be postage to mail forms to NMFS. The following costs reflect adjustments to the expected number of annual responses.

- Landing Correction form at \$0.50 per response, totaling \$82 for 163 responses annually.
- Close Account form at \$0.50 per response, totaling \$5 for 9 responses annually.
- IFQ Online Account Renewal Application form at \$0.50 per response, totaling \$67 for 133
- Wreckfish quota share transfer at \$0.50 per response, totaling \$0.50 for 1 response annually.

Annual total: \$155 in annual recordkeeping or reporting costs.

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

The following expenditures include incremental costs directly associated with management of the Red Snapper IFQ and exclude incremental costs associated with management of the Groupers-Tilefishes IFQ program.

Planned Expenditures	\$1,262,000
Program administration	\$195,000
Web development	\$160,000
Research and monitoring	\$410,000
Law enforcement	\$350,000
24-hour call service	\$6,000
Vessel monitoring system updates	\$125,000
Travel, printing, etc.	\$15,000
Wreckfish coupons	\$1,000

15. Explain the reasons for any program changes or adjustments.

Adjustments to 0648-0551:

Based on current estimates of respondents and numbers of responses in each category, and some minor changes to estimated response times on some forms, there are net increases in the annual number of responses, burden hours and costs, while the estimated number of respondents has decreased.

Estimates for the total number of annual responses increases from 22,695 to 31,666; the annual burden hours increase from 1,762 to 2,168; and the annual cost burden increases from \$60 to \$155 as recordkeeping or reporting costs. The estimated annual number of respondents decreases from 1,850 to 1,059.

Program Changes: N/A.

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

The results from this collection are not planned for peer-review publication. IFQ program staff complete a summary report for each program annually. These reports comply with Information Quality Act guidelines. NMFS aggregates collected data as needed to maintain confidentiality when disseminating data.

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

Not applicable.

18. Explain each exception to the certification statement.

Not applicable.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

The collection does not employ statistical methods.

LANDING TRANSACTION CORRECTION REQUEST

Instructions: Please complete this form if you have a landing transaction that should be corrected. **This form must be completed and signed by the IFQ dealer and the IFQ Fisherman within 15 days of the original transaction.** By completing and signing this form, both the IFQ dealer and fisherman acknowledge the information below is accurate. Please mail this form to National Marine Fisheries Service, Sustainable Fisheries Division, 263 13th Avenue South, St. Petersburg, Florida 33701-5505. Any other corrections to landing transactions should be reported via the IFQ Customer Service phone line at 1-866-425-7627.

Approval Code from Transaction to be Corrected: **DL-**_____ Date of Transaction to be Corrected: _____

IFQ Dealer: _____ IFQ Fisher: _____

Species _____ Incorrect Pounds: _____ Correct Pounds: _____ Incorrect Price: \$ _____ Correct Price: \$ _____

Species _____ Incorrect Pounds: _____ Correct Pounds: _____ Incorrect Price: \$ _____ Correct Price: \$ _____

Species _____ Incorrect Pounds: _____ Correct Pounds: _____ Incorrect Price: \$ _____ Correct Price: \$ _____

Other Correction (please describe): _____

Reason for the Landing Transaction Correction (e.g. duplicate entry, wrong amount of pounds, etc): _____

I, **(Dealer)** _____, hereby declare under penalty of perjury that the foregoing information is true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621; 18 U.S.C. § 1001).

Signature of IFQ Dealer: _____ Date: _____

I, **(Fisher)** _____, hereby declare under penalty of perjury that the foregoing information is true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621; 18 U.S.C. § 1001).

Signature of IFQ Fisher: _____ Date: _____

Under the provisions of the Paperwork Reduction Act of 1995 (PL 104-13) and the Privacy Act of 1974 (PL 93-579), you are advised that disclosure of the requested information is mandatory for the purpose of managing the Gulf of Mexico Reef Fish fishery. The requested information is used to ensure proper compliance with Gulf reef fish IFQ programs. Confidentiality of the information provided will be treated in accordance with NOAA Administrative Order 216-100. The public reporting burden for this collection of information is estimated to be 5 minutes. The estimate of public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Written comments regarding the burden-hour estimate or other aspects of the collection-of-information requirements, or suggestions for reducing this burden, should be sent to PRA Officer, NMFS, Southeast Regional Office, 263 13th Avenue South, St. Petersburg, FL 33701-5505.

Report Landing Notification

- Report Notification
- View Notifications

To complete your landing notification, answer the questions below and click the Record Notification button to receive your confirmation number:

Date/Time Reported: 3/7/14 9:24 AM Eastern

1 What is your Vessel ID?

Search or scroll the list below and select one of the 1 vessels. The list can also be sorted by clicking on any of the column headings. Once complete, go to step 2.

Search for Vessel

Vessel Number	Vessel Name	Shareholder	Shareholder DBA

2 What is your landing location name?

Search or scroll the list below and select one landing location. The list can also be sorted by clicking on any of the column headings. Once complete, go to step 3.

Search for Landing Location

Name	Address	City	State	Zip	Latitude	Longitude
CONN BROWN CITY DOCK				0	27° 54.510' N	97° 08.078' W
GOODLAND BOAT RAMP				0	25° 55.150' N	081° 39.059' W
NAISMITH SEAFOOD				0	27° 54.478' N	97° 07.991' W
BRYANT PRODUCTS	13725 TRAM AVE	BAYOU LA BATR	AL	36509	30.405674	-88.252541

3 What is your dealer's business name?

Search or scroll the list below and select one dealer. The list can also be sorted by clicking on any of the column headings. Once complete, go to step 4.

Search for Dealer

Dealer	DBA	Address	City	State

4 What time will you be at the dock?

What date and time will you land? Is this Eastern or Central time? Go to step 5.

Date/Time of Landing 03/07/2014 Hour Minute AM/PM Time Zone

5 What amount of fish do you expect to land by share category?

Select the share category from table below. Click in the Estimated Gutted Weight column in each share category and enter the gutted weight you expect to land. Once complete, go to next step.

Share Category	Estimated Gutted Weight (pounds)
DEEP WATER GROUPER	0
RED GROUPER	0
GAG GROUPER	0
OTHER SHALLOW WATER GROUPER	0
TILEFISH	0
RED SNAPPER	0

7 Proceed to the confirmation window

Click the Confirm button to open the confirmation window. You will be required to submit the landing notification from the confirmation window.

CAUTION: THE NOTIFICATION IS NOT RECORDED UNTIL YOU SUBMIT ON THE CONFIRM WINDOW!

Confirm Reset

Transfer Shares

Step 1 - Select ONE Transferee

The following 862 Shareholders are eligible to receive transferred shares. Search or scroll the list, and select one transferee.

In the Search box below, type the first few characters of the UserID or Shareholder Name to filter the list

UserID	Shareholder Name

Step 2 - Review your Eligible Share % by Share Category

Based on your shares, you can transfer the following shares by share category:

Share Category	Current Share %	Pending Sold %	Pending Bought %	Eligible Share %
DEEP WATER GROUPER	0	0	0	0
GAG GROUPER	0	0	0	0
OTHER SHALLOW WATER GROUPER	0	0	0	0
RED GROUPER	0	0	0	0
RED SNAPPER	0	0	0	0
TILEFISH	0	0	0	0

Step 3 - Select a Share Category, enter the share % you wish to transfer and enter the total price price of the transfer

Category

Share % Equivalent Guttred Pounds

Total Price \$ Equivalent Price/Guttred Pound \$

This should be the total price of the transfer, not the price/guttred pound

Step 4 - Select reason for transfer

Reason

Step 5 - Identify any active sanctions

Is there a pending sanction on the shareholder or the vessel?

No

Yes If "yes", you must explain.

Step 6 - Open the confirmation screen

Click the Confirm button or click the Reset button to clear all selections

Step 4 - Select reason for transfer

Reason

Step 5 - Identify a

Is there a pending sanction on the shareholder or the vessel?

No

Yes If "yes", you must explain.

Step 4a - Provide amount you received from bartered trade

Deep Water Grouper

Gag Grouper

Other Shallow Water Grouper

Red Grouper

Red Snapper

Tilefish

Select [All](#) | [None](#)



Transfer Allocation

Step 1: Select the type of allocation transfer...

From my shareholder account to my vessel account

From my shareholder account to my vessel account

From my vessel account to my shareholder account

From my shareholder account to another shareholder's account

From my shareholder account to another shareholder's vessel account

When selected, the account will be highlighted in blue...
Shareholder Name to filter the list

To My Vessel Account	Vessel	DWG	RED GR	GAG	OTHER SWG	TILE	RED GR MULTI	GAG GR MULTI	RED SNAPP
		0	0	0	0	0	0	0	0

Step 3: Enter allocation transferred for each share category by clicking in the Transfer Pounds column, changing the value and clicking the Enter key...

From My Shareholder Account	Share Category	Current Allocation	Reserved Allocation	Eligible Allocation	Transfer Pounds (guttet weight)
	DWG	0	0	0	0
	RED GR	0	0	0	0
	GAG	0	0	0	0
	OTHER SWG	0	0	0	0
	TILE	0	0	0	0
	RED GR MULTI	0	0	0	0
	GAG MULTI	0	0	0	0

Step 4: Click the Submit button to complete the transfer or click the Reset button to clear all selections...

Submit Reset

U.S. DEPT OF COMMERCE, NOAA
 NMFS IFQ Program, F/SER29
 263 13th Avenue South
 St. Petersburg, FL 33701-5511
 Toll Free 866-425-7627 (8 a.m. - 4:30 p.m. ET)
 727-824-5305 (8 a.m. - 4:30 p.m. ET)
<https://portal.southeast.fisheries.noaa.gov/cs/>



**NOAA FISHERIES SERVICE
 FEDERAL APPLICATION
 FOR GULF OF MEXICO
 INDIVIDUAL FISHING QUOTA (IFQ)
 ONLINE ACCOUNT**

FOR OFFICE USE ONLY
Reviewer's Initials and Date _____
Sanction Case Number if Sanctioned and date held _____
Date Sanction Released and Initials _____
Application ID

APPLICATION INSTRUCTIONS

1. Current IFQ participants need to complete this application to certify they are or are NOT a United States citizen or a permanent resident alien.
2. As of January 1, 2012, all United States citizens and permanent resident aliens are eligible for participation in the Gulf red snapper IFQ program. This application is to establish an IFQ account for new participants and update account information for existing participants. **However, a valid commercial permit for Gulf reef fish, a Gulf red snapper IFQ vessel account, and Gulf red snapper IFQ allocation are required to possess (at and after the time of the advance notice of landing), land or sell Gulf red snapper subject to this IFQ program.**
3. Follow the instructions at the top of each section. Make sure all the information is correct then sign and date the application below. The IFQ applicant signing the application must be an account holder listed in section 1 and a United States citizen or permanent resident alien.
4. Mail your completed application to: U.S. Department of Commerce, NOAA, National Marine Fisheries Service F/SER29, 263 13th Avenue South, St. Petersburg, FL 33701-5505.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER2, 263 13th Avenue South, St. Petersburg, FL 33701-5505.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of uses. Responses to this collection are required to obtain or retain an IFQ online account under the Magnuson-Stevens Act. Non-confidential information will be released via a NOAA Fisheries Service website. Non-confidential information means: name, address, city, state, zip code, etc. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

SIGNATURE OF APPLICATION

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). Knowingly supplying false information for the purpose of obtaining an IFQ Online Account is a violation of Federal law punishable by a fine and/or imprisonment. Please note: The individual signing below **MUST** be either the IFQ account holder OR must be one of the officers or shareholders that is a United States citizen or permanent resident alien listed in section 2 of this application.

Applicant Signature _____ **Position in Company** (if applicable) _____

Print Name _____ **Date** _____ **UserID** _____
 (if applicable)

1. IFQ ONLINE ACCOUNT HOLDER INFORMATION

- 1) Check the appropriate box below if the applicant is a new or existing IFQ online account holder. Provide the USER ID for an existing account holder.
- 2) Complete this page for all IFQ online account holders. If the account holder is a business, enter the Federal ID number and date the business filed with the state. If the account holder is an individual, enter their Social Security Number and date of birth.
- 3) Check the appropriate box below to certify that the applicant IS or IS NOT a United States citizen or permanent resident alien.
- 4) **If the IFQ account is held by a business, please also complete Section 2 on page 4.**

Check the appropriate box below:

- NEW IFQ online account holder
- EXISTING IFQ online account holder and provide the IFQ Online account holder's UserID: _____

E-mail address: _____

IFQ ONLINE ACCOUNT HOLDER INFORMATION

Check one: Individual/Sole Proprietorship Joint Ownership Partnership Corporation Other _____

Certify Citizenship Status:

The applicant **IS** a United States citizen or permanent resident alien.

The applicant **IS NOT** a United States citizen or permanent resident alien.

Prefix	Last Name or Business Name	First Name	Middle Name	Suffix

If you are operating under a different name, what is your Doing Business As (DBA) name? _____

Mailing Address	Apt/Suite	City	State	County/Parish	Zip Code	Country

Physical Address

Check if same as mailing address

Apt/Suite	City	State	County/Parish	Zip Code	Country

Tax ID number (FED ID or SSN)	Date of Birth or Date Business Filed (mm/dd/yyyy)	Area Code	Primary Phone Number

Select one: Home Work Cell

ADDITIONAL IFQ ONLINE ACCOUNT HOLDER INFORMATION

Check one: Individual/Sole Proprietorship Joint Ownership Partnership Corporation Other _____

Certify Citizenship Status:

The applicant **IS** a United States citizen or permanent resident alien.

The applicant **IS NOT** a United States citizen or permanent resident alien.

Prefix	Last Name or Business Name	First Name	Middle Name	Suffix

If you are operating under a different name, what is your Doing Business As (DBA) name? _____

Mailing Address	Apt/Suite	City	State	County/Parish	Zip Code	Country

Physical Address

Check if same as mailing address

Apt/Suite	City	State	County/Parish	Zip Code	Country

Tax ID number (FED ID or SSN)	Date of Birth or Date Business Filed (mm/dd/yyyy)	Area Code	Primary Phone Number

Select one: Home Work Cell

ADDITIONAL IFQ ONLINE ACCOUNT HOLDER INFORMATION

- 1) **Only complete this page for all additional IFQ online account holders.** If the account holder is a business, enter the Federal ID number and date the business filed with the state. If the account holder is an individual, enter their Social Security Number and date of birth.
- 2) Check the appropriate box below to certify that the applicant IS or IS NOT a United States citizen or permanent resident alien.

IFQ online account holder's UserID (if applicable): _____

ADDITIONAL IFQ ONLINE ACCOUNT HOLDER INFORMATION

Check one: Individual/Sole Proprietorship Joint Ownership Partnership Corporation Other _____

Certify Citizenship Status:

The applicant **IS** a United States citizen or permanent resident alien.

The applicant **IS NOT** a United States citizen or permanent resident alien.

Prefix	Last Name or Business Name	First Name	Middle Name	Suffix

If you are operating under a different name, what is your Doing Business As (DBA) name?

Mailing Address	Apt/Suite	City	State	County/Parish	Zip Code	Country

Physical Address

Check if same as mailing address

Apt/Suite	City	State	County/Parish	Zip Code	Country

Tax ID number (FED ID or SSN)	Date of Birth or Date Business Filed (mm/dd/yyyy)	Area Code	Primary Phone Number

Select one: Home Work Cell

ADDITIONAL IFQ ONLINE ACCOUNT HOLDER INFORMATION

Check one: Individual/Sole Proprietorship Joint Ownership Partnership Corporation Other _____

Certify Citizenship Status:

The applicant **IS** a United States citizen or permanent resident alien.

The applicant **IS NOT** a United States citizen or permanent resident alien.

Prefix	Last Name or Business Name	First Name	Middle Name	Suffix

If you are operating under a different name, what is your Doing Business As (DBA) name?

Mailing Address	Apt/Suite	City	State	County/Parish	Zip Code	Country

Physical Address

Check if same as mailing address

Apt/Suite	City	State	County/Parish	Zip Code	Country

Tax ID number (FED ID or SSN)	Date of Birth or Date Business Filed (mm/dd/yyyy)	Area Code	Primary Phone Number

Select one: Home Work Cell

2. OFFICER/SHAREHOLDER INFORMATION FOR CORPORATION/BUSINESS/LLC THAT HOLD THE IFQ ONLINE ACCOUNT

- 1) **If this IFQ online account is held by a business, then complete this section for EACH officer or partner associated with the business.** Provide the information for all officers or partners that are shown on your most recent annual report. If your business is structured as a corporation, identify all shareholders in the corporation that own at least 1% or more of the shares, as well as the percentage of all shares in the corporation held by each shareholder. Individuals holding less than 1% of the shares (minor shareholders) should not be individually listed. **Total shareholders must equal 100%.** For all provide position held in business, name, address, social security number, date of birth, and telephone number.
- 2) **Check the appropriate box below to certify that the applicant is or is NOT a United States citizen or permanent resident alien.**

Business name _____ **Federal Tax ID number** _____

Officer or Shareholder Information

Check **all** that apply: President/CEO Vice President Secretary Treasurer Director/Manager Other _____
 Shareholder **Percent (%) of corporation held:** _____

Certify Citizenship Status:
 The applicant **IS** a United States citizen or permanent resident alien.
 The applicant **IS NOT** a United States citizen or permanent resident alien.

Prefix	Last Name	First Name	Middle Name	Suffix			
Mailing Address		Apt/Suite	City	State	County/Parish	Zip Code	Country
Physical Address							
<input type="checkbox"/> Check if same as mailing address		Apt/Suite	City	State	County/Parish	Zip Code	Country
SSN		Date of Birth (mm/dd/yyyy)		Area Code	Primary Phone Number		

Select one: Home Work Cell

Additional Officer or Shareholder Information

Check **all** that apply: President/CEO Vice President Secretary Treasurer Director/Manager Other _____
 Shareholder **Percent (%) of corporation held:** _____

Certify Citizenship Status:
 The applicant **IS** a United States citizen or permanent resident alien.
 The applicant **IS NOT** a United States citizen or permanent resident alien.

Prefix	Last Name	First Name	Middle Name	Suffix			
Mailing Address		Apt/Suite	City	State	County/Parish	Zip Code	Country
Physical Address							
<input type="checkbox"/> Check if same as mailing address		Apt/Suite	City	State	County/Parish	Zip Code	Country
SSN		Date of Birth (mm/dd/yyyy)		Area Code	Primary Phone Number		

Select one: Home Work Cell

_____ **MINOR SHAREHOLDERS** - Check here if one or more of your shareholders each individually hold shares that total less than 1% of the total shares of the corporation/business/LLC. For example, there might be three shareholders whose total shares added together is 2% of the total shares but each shareholder individually only holds 0.66% of the shares.

_____ **TOTAL PERCENTAGE (%)** of corporation/business/LLC held by *minor* shareholder(s) that individually holds less than 1% of the total shares of the corporation/business/LLC.

ADDITIONAL OFFICER/SHAREHOLDER INFORMATION FOR CORPORATION/BUSINESS/LLC THAT HOLD THE IFQ ONLINE ACCOUNT

- 1) **If this IFQ online account is held by a business, then complete this section for EACH officer or partner associated with the business.** Provide the information for all officers or partners that are shown on your most recent annual report. If your business is structured as a corporation, identify all shareholders in the corporation that own at least 1% or more of the shares, as well as the percentage of all shares in the corporation held by each shareholder. Individuals holding less than 1% of the shares (minor shareholders) should not be individually listed. **Total shareholders must equal 100%.** For all provide position held in business, name, address, social security number, date of birth, and telephone number.
- 2) **Check the appropriate box below to certify that the applicant is or is NOT a United States citizen or permanent resident alien.**

Additional Officer or Shareholder Information

Check **all** that apply: President/CEO Vice President Secretary Treasurer Director/Manager Other _____

Shareholder Percent (%) of corporation held: _____

Certify Citizenship Status:

The applicant **IS** a United States citizen or permanent resident alien.

The applicant **IS NOT** a United States citizen or permanent resident alien.

Prefix	Last Name	First Name	Middle Name	Suffix			
Mailing Address		Apt/Suite	City	State	County/Parish	Zip Code	Country
Physical Address							
<input type="checkbox"/> Check if same as mailing address		Apt/Suite	City	State	County/Parish	Zip Code	Country
SSN	Date of Birth (mm/dd/yyyy)			Area Code	Primary Phone Number		

Select one: Home Work Cell

Additional Officer or Shareholder Information

Check **all** that apply: President/CEO Vice President Secretary Treasurer Director/Manager Other _____

Shareholder Percent (%) of corporation held: _____

Certify Citizenship Status:

The applicant **IS** a United States citizen or permanent resident alien.

The applicant **IS NOT** a United States citizen or permanent resident alien.

Prefix	Last Name	First Name	Middle Name	Suffix			
Mailing Address		Apt/Suite	City	State	County/Parish	Zip Code	Country
Physical Address							
<input type="checkbox"/> Check if same as mailing address		Apt/Suite	City	State	County/Parish	Zip Code	Country
SSN	Date of Birth (mm/dd/yyyy)			Area Code	Primary Phone Number		

Select one: Home Work Cell

_____ **MINOR SHAREHOLDERS** - Check here if one or more of your shareholders each individually hold shares that total less than 1% of the total shares of the corporation/business/LLC. For example, there might be three shareholders whose total shares added together is 2% of the total shares but each shareholder individually only holds 0.66% of the shares.

_____ **TOTAL PERCENTAGE (%)** of corporation/business/LLC held by *minor* shareholder(s) that individually holds less than 1% of the total shares of the corporation/business/LLC.

CLOSE INDIVIDUAL FISHING QUOTA (IFQ) ACCOUNT REQUEST

Instructions: Please complete this form if you want to close your IFQ online account. This form must be completed and signed by **all** holders named on the IFQ shareholder or dealer account. If an IFQ account holder is deceased, the person requesting the closure must sign the form, indicating the relationship to the deceased; provide a death certificate and any additional information NOAA Fisheries Service determines is necessary to complete the request. **Shareholder accounts cannot be closed until all shares and allocation have been transferred to another IFQ account. Dealer accounts cannot be closed until all cost recovery fees have been paid.** Please complete and mail this form to:

NOAA Fisheries Service, Sustainable Fisheries Division
Attn: IFQ Program
263 13th Avenue South
St. Petersburg, Florida 33701-5505

If you have any questions about closing your IFQ online account, please call the Catch Share Support at 1-866-425-7627 (option 2) between 8:00 a.m. and 4:30 p.m. EST.

I, _____, request NOAA Fisheries Service to close account
Name
_____ on _____. I am requesting this account be closed for the following reason(s):
UserID Date

- I no longer commercially fish and do not have IFQ shares or allocation
- Account holder(s) is deceased
- I no longer have a dealer permit
- Other _____

Account Holder(s):

_____ Print Name	_____ Signature	_____ Contact Number
_____ Print Name	_____ Signature	
_____ Print Name	_____ Signature	
_____ Print Name	_____ Signature	





The Gulf of Mexico Fishery Management Act requires that, although quota changes would result in a proportional reduction or increase in the share of the total quota available to the vessels you possess, any reduction or increases in a quota would result in a proportional reduction or increase in the share of the total quota available to the vessels you possess.

- View Shares
- View Share Ledger
- View Share Ledger with Reason
- View Share Ledger by Share Category
- Transfer Shares
- Receive Transferred Shares

Receive Transferred Shares

Service are responsible for setting quotas for federally managed species. If you possess shares you possess, any reduction or increases in a quota would result in a proportional reduction or increase in the share of the total quota available to the vessels you possess.

Transfers being reviewed by NMFS

The list below displays share transfers under REVIEW for share cap exposure. After the review is completed, the share transfer will appear in Step 1.

Date Initiated	From	To	Confirmation Number	Share Category	Share %

Step 1 - Select ONE transfer

Date Initiated	From	To	Confirmation Number	Share Category	Share %

Step 2 - Review the details of the selected transfer

Review the information below for the transfer you selected in Step 1.

Date Initiated

From

To

Share Category

Share %

Equiv Gutted lbs

Total Price Paid *

* Required

Step 3 - Decision for the selected transfer

Select a status of Accepted or Rejected from the list below.

Status

Step 4 - Confirm your decision

Click the Confirm button to open the confirmation page, or click the Reset button to reset the information above.



View Approved Landing Locations
Submit Landing Location

review

To submit a new landing location for review, complete the fields below and click the Confirm button to open a confirmation window.

Step 1 Enter a unique landing location name

Landing Location Name *

Step 2 Enter a contact name, email address and phone number

Contact Name

Email Address

Phone Number

Step 3 Enter a complete address OR a set of coordinates

* **Address**

Street Address

City

County

State

Zip Code 5 or 9 digits only

* **Coordinates**

DDD DD.MMM Direction

Latitude 0 00.000

Longitude 0 00.000

* Required

Step 4 Click the Confirm button below to open a confirmation window

Reset



Update Account

- Update Account
- Account Status

Select an account from the list below to view or update the account information.

UserID	Type	User Name

UserID

Reveal password

* PIN must be at least 12 characters long.
PIN must contain no spaces.
PIN must contain 3 of these:
• lowercase letter
• uppercase letter
• number
• special character
. ! @ # \$ % ^ & * + =

Account Holder Name(s)

Email Address

Email Flag Check in order to receive email copies of IFQ messages.

First Secret Question

First Secret Answer

Second Secret Question

Second Secret Answer



Search:

- Landing Transaction
- View Landings
- Landing Transaction Correction
- View Landings Ledger
- Update Trip Ticket

Update Trip Ticket

Date	Vessel	Landing Conf.	Trip Ticket

Use this form to update the trip ticket for the selected landing:

Landing:

Trip Ticket:

Update Trip Ticket:



GULF OF MEXICO INDIVIDUAL FISHING QUOTA DEALER LANDING TRANSACTION FOR USE DURING CATASTROPHIC CONDITIONS

Instructions: Please complete this form if you are unable to complete a landing transaction through the electronic system during catastrophic conditions, as determined by the Regional Administrator (RA). You should use the electronic system whenever possible. This form will only be accepted from dealers in areas affected by catastrophic conditions, as determined by the RA. **This form must be completed and signed by the IFQ dealer and the IFQ fisher within 4 business days of the vessel offload.** By completing and signing this form, both the IFQ dealer and fisher acknowledge the information below is accurate. Please mail this form to National Marine Fisheries Service, Sustainable Fisheries Division, 263 13th Avenue South, St. Petersburg, Florida 33701-5505. Any other corrections to landing transactions should be reported via the IFQ Customer Service phone line at 1-866-425-7627.

Dealer Name/USER ID: _____ Dealer Phone: _____

Fisher Name/USER ID: _____ Fisher Phone: _____

Vessel Documentation/State Registration: _____ Date Landed: _____

Species: _____ Pounds: _____ Price/lb: _____

Dealer Signature

Fisher Signature

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, Southeast Regional Office, 263 13th Avenue South, St. Petersburg, FL 33701-5505.

Under the provisions of the Paperwork Reduction Act of 1995 (PL 104-13) and the Privacy Act of 1974 (PL 93-579), you are advised that disclosure of the requested information is mandatory for managing the Gulf of Mexico reef fish fishery. The requested information is used to ensure proper compliance with Gulf reef fish IFQ programs. Confidentiality of the information provided will be treated in accordance with NOAA Administrative Order 216-100. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

U. S. Department of Commerce, NOAA
National Marine Fisheries Service
263 13th Avenue South
St. Petersburg, FL 33701

Certificate No. number

*This is to Certify that shareholder holds
shares percentage shares of the Wreckfish Fishery transferable
only on the books of the National Marine Fisheries Service,
Southeast Region, by the holder hereof upon
Surrender of this certificate properly endorsed.*

Witness, the signatures of its duly authorized officers

Transfer Agent

Regional Administrator

Date

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, 263 13th Ave South, St. Petersburg, FL 33701. The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson-Stevens Act. Information submitted will be submitted as confidential in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

For the value of \$ _____, I (we) hereby sell, assign, and transfer unto:

Name(s): _____
First, Middle, and Last Name(s) or Name of Business* as will appear on the certificate

Mailing Address: _____

City/State/ZIP Code: _____

Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date Business Filed (MM/DD/YYYY)	(Area code) Phone Number
----------------------------------	--	--------------------------

*If the shareholder's certificate is owned by a business, then complete this section for each officer and shareholder associated with the business. Please attach additional sheets as necessary to list all officers, directors, shareholders, and registered agents of the business.

Position held – check ALL that apply
President ____ Vice President ____ Secretary ____ Treasurer ____ Director/Manager ____ Shareholder ____ Other ____

Percent (%) of corporation held _____

Name: _____
First, Middle, and Last Name

Mailing Address: _____

City/State/ZIP Code: _____

Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date Business Filed (MM/DD/YYYY)	(Area code) Phone Number
----------------------------------	--	--------------------------

_____ percentage shares represented by the within certificate and do hereby irrevocably constitute and appoint the Transfer Agent to transfer the said shares on the books of the National Marine Fisheries Service, Southeast Region

Buyer's Signature	Position	Date
-------------------	----------	------

Additional Buyer, if held jointly	Position	Date
-----------------------------------	----------	------

Seller's Signature	Position	Date
--------------------	----------	------

Additional Seller, if held jointly	Position	Date
------------------------------------	----------	------

NOTARY PUBLIC: The above instrument was acknowledged before me this _____ day of _____, _____.

by _____ who is personally known to me or who has produced _____ as identification.

Type of identification

_____, Notary Public Commission Number: _____
Signature of Notary Public

Name of Notary typed, printed or stamped

Any or all share certificates previously issued in the name of any Buyer(s) named above must be enclosed herewith for reissue pursuant to this transfer.



Update Account

- Update Account
- Account Status

Select an account from the list below to view or update the account information.

UserID	Type	User Name

UserID
Reveal password

* PIN must be at least 12 characters long.
PIN must contain no spaces.
PIN must contain 3 of these:
• lowercase letter
• uppercase letter
• number
• special character
. ! @ # \$ % ^ & * + =

Account Holder Name(s)

Email Address

Email Flag Check in order to receive email copies of IFQ messages.

First Secret Question

First Secret Answer

Second Secret Question

Second Secret Answer



Search:

- Landing Transaction
- View Landings
- Landing Transaction Correction
- View Landings Ledger
- Update Trip Ticket

Update Trip Ticket

Date	Vessel	Landing Conf.	Trip Ticket

Use this form to update the trip ticket for the selected landing:

Landing:

Trip Ticket:

Update Trip Ticket:

work products. Do you believe that the OSAC should develop “best practices” and other materials that are not formal “standards”?

(D) *Structure*: What are your views as to whether the current the OSAC structure works efficiently? Do you believe that another structure should be utilized? Please provide your opinion about whether there are any issues in the current work product development process that should be addressed structurally. In your view, does the reliance on standards development organizations function as intended (please include the reasons for your opinion)?

(E) *Participation*: What are your views as to the community the OSAC should serve? In your opinion, what stakeholders must be a part of the OSAC (e.g., practitioners, researchers, forensic science societies, accreditation bodies, scientific societies, human factors experts, metrologists, standards development organizations, legal practitioners)? If you think that any of these entities should be excluded, please explain why and identify other venues for the views of the excluded entities to be incorporated into forensic practice, if appropriate. In your view, should some stakeholders serve more limited roles and, if so, how and why?

(F) *Funding*: What is your opinion as to the funding model that the OSAC should employ—Entirely funded by the Federal government, by non-Federal funds, or a combination of funding sources? (Please include your thoughts on the role of funding sources such as membership fees, certification fees, and meeting registration fees.) What are your views about the implications of funding models for the other traits, particularly oversight and independence?

Response to this request for information (RFI) is voluntary, and comments are not limited to the specific questions posed. Respondents need not reply to all questions; however, it is requested that they clearly indicate the letter of each question to which they are responding. All responses to this RFI must be submitted electronically through www.regulations.gov.

All responses received will be posted on www.regulations.gov without making any changes to the responses or redacting any information, including any personally identifiable information provided. It is the responsibility of the respondent to safeguard personally identifiable information. You are not required to submit personally identifying information in order to respond and it is recommended that respondents' personally identifiable information not be included. Responses

may be provided anonymously, but those respondents who do share contact information are requested to include brief background information regarding the respondent's subject-matter experience and expertise. Responses submitted through www.regulations.gov will not include the email address of the respondent unless the respondent chooses to include that information as part of the response.

Authority: 15 U.S.C. 272(b)(10).

Kevin Kimball,

NIST Chief of Staff.

[FR Doc. 2017-18355 Filed 8-29-17; 8:45 am]

BILLING CODE 3510-13-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Proposed Information Collection; Comment Request; Southeast Region IFQ Programs

AGENCY: National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995.

DATES: Written comments must be submitted on or before October 30, 2017.

ADDRESSES: Direct all written comments to Jennifer Jessup, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6616, 14th and Constitution Avenue NW., Washington, DC 20230 (or via the Internet at pracomment@doc.gov).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Adam Bailey, National Marine Fisheries Service (NMFS) Southeast Regional Office, 263 13th Avenue South, St. Petersburg, FL 33701, (727) 824-5303, or adam.bailey@noaa.gov.

SUPPLEMENTARY INFORMATION:

I. Abstract

This request is for an extension and revision of a currently approved information collection under the Office of Management and Budget's (OMB)

Control Number 0648-0551, Southeast Region IFQ (individual fishing quota) Programs. The NMFS Southeast Regional Office manages three commercial IFQ and individual transferable quota (ITQ) programs in the Southeast Region under the authority of the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act), 16 U.S.C. 1801 *et seq.* The IFQ programs for red snapper, and grouper and tilefish occur in Federal waters of the Gulf of Mexico, and the ITQ program for wreckfish occurs in Federal waters of the South Atlantic.

This collection of information tracks the transfer and use of IFQ and ITQ shares, and IFQ allocation and landings necessary to operate, administer, and review management of the IFQ and ITQ programs. Regulations for the IFQ and ITQ programs are located at 50 CFR part 622.

The NMFS Southeast Regional Office also proposes to revise parts of the information collection approved under OMB Control Number 0648-0551 to account for updates to burden time and cost estimates, as well as administrative updates to online and paper forms. NMFS intends the revisions would make instructions and data collection requirements clearer and easier to understand, resulting in more accurate and efficient information available for use by fishery managers.

II. Method of Collection

Information for the Gulf red snapper, and grouper and tilefish IFQ programs is collected electronically via a web-based system, through satellite-linked vessel monitoring systems, through a 24-hour call line, and with paper form submission for landing corrections, closing an account, and account applications, as well as landing transactions under catastrophic circumstances.

The share transfer process in the wreckfish ITQ program requires the signatures of witnesses on paper forms. The ITQ program remains paper based until the South Atlantic Fishery Management Council and NMFS consider whether to implement an electronic system.

III. Data

OMB Control Number: 0648-0551.

Form Number(s): None.

Type of Review: Regular submission (extension and revision of a currently approved information collection).

Affected Public: Business or other for-profit organizations.

Estimated Number of Respondents: 1,059.

Estimated Time per Response: Share Transfer Receipt form, Cost Recovery Fee Submission form, 1 minute; Share Transfer form, IFQ Close Account form, Cost Recovery Fee Submission form, Landing Transaction Correction Request form, Landing Location Submission form, Transfer Allocation form, Cost Recovery Fee payment through *pay.gov*, 3 minutes; Notification of Landing form, 5 minutes; Landing Transaction Report form, 6 minutes; IFQ Online Account Application form, 15 minutes; Wreckfish Quota Share Transfer form, 18 minutes.

Estimated Total Annual Burden Hours: 2,322.

Estimated Total Annual Cost to Public: \$150 in recordkeeping/reporting costs.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: August 25, 2017.

Sarah Brabson,

NOAA PRA Clearance Officer.

[FR Doc. 2017-18372 Filed 8-29-17; 8:45 am]

BILLING CODE 3510-22-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Submission for OMB Review; Comment Request

The Department of Commerce will submit to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Agency: National Oceanic and Atmospheric Administration (NOAA).

Title: Greater Atlantic Observers Providers' Requirements.

OMB Control Number: 0648-0546.

Form Number(s): None.

Type of Request: Regular (extension of a currently approved information collection).

Number of Respondents: 515.

Average Hours per Response:

Application for approval of observer service provider and applicant response to denial of application for approval of observer service provider, 10 hours each; observer service provider request for observer training, 30 minutes; observer deployment report and observer availability reports, 10 minutes each; safety refusal report, 30 minutes; submission of raw observer data and biological samples, 5 minutes each; observer debriefing, 2 hours; rebuttal of pending removal from list of approved observer service providers, 8 hours; vessel request to observer service provider for procurement of a certified observer, 25 minutes; vessel request for waiver of observer coverage requirement and observer contact list updates, 5 minutes each; observer availability updates, 1 minute; service provider material submissions and service provider contracts, 30 minutes each.

Burden Hours: 5,250.

Needs and Uses: This request is for extension of a currently approved information collection.

Under the Magnuson-Stevens Fishery Conservation and Management Act, the Secretary of Commerce (Secretary) has the responsibility for the conservation and management of marine fishery resources. Much of this responsibility has been delegated to the National Oceanic and Atmospheric Administration (NOAA)/National Marine Fisheries Service (NMFS). Under this stewardship role, the Secretary was given certain regulatory authorities to ensure the most beneficial uses of these resources. One of the regulatory steps taken to carry out the conservation and management objectives is to collect data from users of the resource.

Regulations at 50 CFR 648.11(g) require observer service providers to comply with specific requirements in order to operate as an approved provider in the Atlantic sea scallop (scallop) fishery. Observer service providers must comply with the following requirements: Submit applications for approval as an observer service provider; formally request observer training by the Northeast Fisheries Observer Program (NEFOP); submit observer deployment reports and biological samples; give notification of whether a vessel must carry an observer

within 24 hours of the vessel owner's notification of a prospective trip; maintain an updated contact list of all observers that includes the observer identification number; observer's name mailing address, email address, phone numbers, homeports or fisheries/trip types assigned, and whether or not the observer is "in service." The regulations also require observer service providers submit any outreach materials, such as informational pamphlets, payment notification, and descriptions of observer duties as well as all contracts between the service provider and entities requiring observer services for review to NMFS/NEFOP. Observer service providers also have the option to respond to application denials, and submit a rebuttal in response to a pending removal from the list of approved observer providers. These requirements allow NMFS/NEFOP to effectively administer the scallop observer program.

Affected Public: Business and other for-profit organizations.

Frequency: Daily and on occasion.

Respondent's Obligation: Mandatory.

This information collection request may be viewed at *reginfo.gov*. Follow the instructions to view Department of Commerce collections currently under review by OMB.

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *OIRA_Submission@omb.eop.gov* or fax to (202) 395-5806.

Dated: August 25, 2017.

Sarah Brabson,

NOAA PRA Clearance Officer.

[FR Doc. 2017-18371 Filed 8-29-17; 8:45 am]

BILLING CODE 3510-22-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration (NOAA)

Notice of Availability of a Draft Programmatic Environmental Assessment for the National Oceanic and Atmospheric Administration National Data Buoy Center

AGENCY: National Weather Service (NWS), National Oceanic and Atmospheric Administration (NOAA), Department of Commerce (DOC).

ACTION: Request for public comments.

DATES: The Draft PEA is available for public review and comment for 30 days after posting. It can be accessed at http://www.ndbc.noaa.gov/pea/ndbc_draft_pea.pdf.