NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 03/07/2016

Department of Commerce
National Oceanic and Atmospheric Administration

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

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 01/27/2016

ACTION REQUESTED: Extension without change of a currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 201601-0648-015
AGENCY ICR TRACKING NUMBER:
TITLE: Alaska Community Quota Entity (CQE) Program
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved with change
OMB CONTROL NUMBER: 0648-0665
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: 03/31/2019 DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	203	1,908	683
New	134	1,884	264
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	-69	-24	-419
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE:

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
Application for a Non-profit Corporation to be Designated as a Community Quota	NA	Application for a Non-Profit Corporation to be Designated as a Community Quota Entity	
Application for Transfer of QS/IFQ to or from a CQE	NA	Application to transfer QS to or from a CQE	
Application for a CQE to Receive a Non-trawl Groundfish LLP License	NA	Application for a CQE to receive a Non-Trawl Groundfish LLP license	
Community Quota Entity (CQE) Annual Report			50 CFR 679.4
CQE LLP Authorization letter			50 CFR 679.4
Application for Community Charter Halibut Permit (CCHP)	NA	Application for community or military charter halibut permit	
Application for Transfer Between IFQ and GAF by CQE, Respondent	NA	Application for transfer between IFQ and GAF	
Appln for CQE Transfer IFQ to cmty resident Respondent	NA	Application to transfer IFQ from CQE to eligible community resident	

PAPERWORK REDUCTION ACT SUBMISSION

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

1. Agency/Subagency originating request
DOC/NOAA/NMFS/Alaska Region

2. OMB control number
a. 0648 - 0665
b. [ ] None

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

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

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

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

7. Title
Alaska Community Quota Entity (CQE) Program

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

9. Keywords
Fisheries

10. Abstract

The Alaska Community Quota Entity (CQE) Program allocates to eligible communities a portion of the quotas for groundfish, halibut, crab, and prohibited species in the Bering Sea and Aleutian Islands Management Area (BSAI). The allocations provide communities the means for starting or supporting commercial fisheries business activities that will result in an ongoing, regionally based, fisheries-related economy. A non-profit corporate entity called a Community Quota Entity (CQE) must meet specific criteria to receive transferred halibut or sablefish quota share on behalf of an eligible community may lease the resulting IFQ to persons who are residents of the eligible community. In these programs, eligible communities can form nonprofit entities. If a CQE represents a community eligible for privileges under a particular management program, the CQE may request no-cost community permits or purchase commercial Quota Share (QS). All CQE's are required to submit an annual activity report to the National Oceanic and Atmospheric Administration's (NOAA) National Marine Fisheries Service (NMFS) by January 31st of each year.

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

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

13. Annual recordkeeping and reporting burden
a. Number of respondents: 75
b. Total annual responses: 134
1. Percentage of these responses collected electronically: 15 %
c. Total annual hours requested: 1,884
d. Current OMB inventory: 1,908
e. Difference: -24
f. Explanation of difference
1. Program change: ____
2. Adjustment: -24

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

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

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

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

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

19. Certification for Paperwork Reduction Act Submissions

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

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

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

(a) It is necessary for the proper performance of agency functions;

(b) It avoids unnecessary duplication;

(c) It reduces burden on small entities;

(d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;

(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;

(f) It indicates the retention period for recordkeeping requirements;

(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):

- (i) Why the information is being collected;
- (ii) Use of information;
- (iii) Burden estimate;
- (iv) Nature of response (voluntary, required for a benefit, mandatory);
- (v) Nature and extent of confidentiality; and
- (vi) Need to display currently valid OMB control number;

(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);

(i) It uses effective and efficient statistical survey methodology; and

(j) It makes appropriate use of information technology.

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

Signature of Senior Official or designee	Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)	
Signature signed by Alan Risenhoover, Director Office of Sustainable Fisheries	Date 1/22/2016
Signature of NOAA Clearance Officer	
Signature BRABSON.SARAH.1365710488 Digitally signed by BRABSON.SARAH.1365710488 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=OTHER, cn=BRABSON.SARAH.1365710488 Date: 2016.03.17 14:44:01 -04'00'	Date

SUPPORTING STATEMENT
ALASKA COMMUNITY QUOTA ENTITY (CQE) PROGRAM
OMB CONTROL NO. 0648-0665

This action is a request for extension of this existing information collection.

BACKGROUND

Under the authority of the Magnuson-Stevens Fishery Conservation and Management Act, 16 U.S.C. 1801 *et seq*., as amended in 2006 (Magnuson-Stevens Act), the North Pacific Fishery Management Council (Council) developed Fishery Management Plans (FMPs) for the groundfish fisheries of the Gulf of Alaska management area (GOA) and Bering Sea and Aleutian Islands management area (BSAI). The Pacific halibut fishery off Alaska is managed by the National Marine Fisheries Service (NMFS) under the authority of the Northern Pacific Halibut Act of 1982 (Halibut Act), and in coordination with annual fishery management measures adopted by the International Pacific Halibut Commission (IPHC) under the Convention between the United States and Canada for the Preservation of the Halibut Fishery of the Northern Pacific Ocean and Bering Sea (Convention).

NMFS manages the fixed gear Pacific halibut and sablefish Individual Fishing Quota (IFQ) Program under the Halibut Act. The IFQ Program provides a limited access system for Pacific halibut in Convention waters in and off Alaska and sablefish fisheries in waters of the EEZ off Alaska. Regulations pursuant to the Convention are set forth at 50 CFR 300.60 through 300.65. Regulations for the IFQ program are set forth at 50 CFR 50 CFR part 679.

The State of Alaska allows the Alaska Department of Economic Development, Financing Section to provide a loan program for Community Quota Entities (CQEs) to purchase halibut and sablefish IFQs. The CQE Program is a Federal program administered by NMFS, but the State of Alaska provides assistance to eligible communities at https://www.commerce.alaska.gov/web/

- The Division of Banking, Securities, and Corporations -- how to set up a non-profit corporation.

- The Division of Community Advocacy -- sample by-laws and provides a non-profit corporation handbook with ideas on how to set up a non-profit corporation.

- The Department of Economic Development (DCED), Financing Section -- loan applications and application requirements to obtain financing for halibut and sablefish IFQs. Eligible communities can contact DCED to schedule workshops regarding the CQE program.

INTRODUCTION

Certain Federal limited access programs provide eligible Alaskan communities an opportunity to improve their economies with special fishery-related privileges. In these programs, eligible communities can form nonprofit entities called Community Quota Entities (CQEs). If a CQE

represents a community eligible for privileges under a particular management program, the CQE may request no-cost community permits or purchase commercial Quota Share (QS). An eligible community must form a nonprofit corporation, CQE, to act on its behalf to purchase catcher vessel QS, and lease the annual IFQ resulting from the QS to community residents.

In addition, two other Federal limited-access programs provide eligible CQEs an opportunity to improve their economies with program-related fishing privileges:

- the charter halibut limited access program (CHP) and
- the GOA Pacific cod endorsed non-trawl groundfish License Limitation Program (LLP).

Under the CHP, a CQE may request a limited number of no-cost community permits to fish charter halibut. Under the LLP, a CQE may use a limited number of non-trawl groundfish licenses with Pacific cod endorsements.

A. JUSTIFICATION

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

The CQE Program allocates a portion of the quotas for groundfish, halibut, crab, and prohibited species in the Bering Sea and Aleutian Islands Management Area (BSAI) to forty-two eligible Western Alaska communities: 21 are in Southeast Alaska (Area 2C) and 21 are in Southcentral Alaska (14 in Area 3A and 7 in Area 3B); an additional three communities are eligible, making a total of 45. The allocations provide communities the means for starting or supporting commercial fisheries business activities that will result in an ongoing, regionally based, fisheries-related economy. A non-profit corporate entity that meets specific criteria to receive transferred halibut or sablefish QS on behalf of an eligible community may lease the resulting IFQ to persons who are residents of the eligible community. Thirty-five CQEs are currently registered (see https://alaskafisheries.noaa.gov/sites/default/files/reports/16cqenamescontacts.pdf).

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.

The CQE permitted to purchase and hold the QS for eligible communities must be a new non-profit entity incorporated under the State of Alaska or a new non-profit entity formed by an aggregation of several eligible communities. The CQE must be incorporated after April 10, 2002; must represent at least one eligible community that is listed in Table 21 of 50 CFR 679; and must be approved by NMFS to obtain by transfer and hold QS, and to lease IFQ resulting from the QS on behalf of an eligible community.

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

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

A non-profit corporation must apply to NMFS for recognition as a CQE and must have the written approval of the community. Upon approval by NMFS, the CQE may buy, sell, and hold halibut and sablefish QS for the community.

This application procedure is required for each non-profit entity seeking to become a CQE representing a specific community. This application is due only once, unless a particular eligible community withdraws support from a specific CQE.

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

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

Block A–Identification of applicant

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

Block B – Required Information -- Checklist of required attachments

Block C – Notary Certification

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

One CQE can represent more than one community, although a community can only have one CQE. A current list of CQEs and the communities represented is presented at http://alaskafisheries.noaa.gov/rr/tables/tabl21.pdf.

Application to Become an CQE, Respondent	
Estimated number of respondents	**1**
Total annual responses	**1**
Number of responses = 1	
Total Time burden	**200 hrs**
Time per response = 200 hr	
Total personnel cost ($150 x 200)	**$30,000**
Total miscellaneous cost (7.95)	**$8**
Postage (0.45 x 1 = 0.45)	
Photocopy (0.05 x 50pp x 1 = 2.50)	
Notary (5 x 1 = 5)	

Application to Become an CQE, Federal Government	
Total annual responses	**1**
Total Time burden	**4 hrs**
Time per response = 4 hr	
Total personnel cost ($37 x 4)	**$148**
Total miscellaneous cost	**0**

b. Application for Transfer of QS to or from a CQE

To participate in a fishery, an eligible community must first form a CQE and purchase catcher vessel QS through a transfer. The eligible communities and the community governing body that recommends the CQE are listed in Table 21 to 50 CFR Part 679. Once QS is held, the CQE can lease the annual IFQ resulting from the QS to individual community residents.

The CQE Program was intended as a way to promote QS ownership by individual residents, as individuals can lease annual IFQ from the CQE and gradually be in a position to purchase their own QS. Both the community and individually-held QS are important in terms of fishing access and economic health of communities.

This application is used to apply for a transfer of QS to or from a CQE. The receiving party of the QS/IFQ transfer must hold a Transfer Eligibility Certificate (TEC) (see OMB 0648-0272). If the application is to permanently transfer QS from a CQE to another party, the application must be signed by a representative of the community for whom the CQE holds the QS. Transfers of Charter halibut permits or License Limitation Program (LLP) permits are not allowed in the CQE program.

CQE may transfer QS to generate revenue:

- to provide funds to meet administrative costs for managing the community QS holdings
- to improve the ability of residents within the community to participate in the halibut and sablefish IFQ fisheries
- to purchase QS to yield IFQ for use by community residents

In addition, a CQE may transfer QS as a result of a court order, operation of law, or as part of a security agreement or to dissolve the CQE.

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

Application for Transfer of QS to or from a CQE

Block A – Transferor Information

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

Block B – Transferee Information

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

Block C – QS Questions for Transferee

If QS is to be included in a sweep-up, list the identifier on the QS certificate into which this new piece should be combined
For sweep-up, **attach** the original QS Certificates of both the transferor and the transferee
If this is a transfer of Catcher vessel CDQ compensation QS and the vessel category has never been declared, designate the catcher vessel category in which QS should be issued

Block D – Identification of QS to be Transferred

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

Block E – Required Transferor Supplemental Information

Indicate the reason(s) transfer being proposed
Price per unit of QS and the price per pound of IFQ
Total amount paid for the QS/IFQ in this transactions, including all fees
If a broker is used for this transaction, indicate amount paid in brokerage fees or percentage of total price
Indicate reason for transferring QS/IFQ

Block F – Required Transferee Supplemental Information

If QS will have a lien attached, identify the lien holder
Primary source of financing for this transfer
How was the QS located
Relationship to the transferor
If an agreement exists to return the QS to the transferor or any other person or a condition placed on resale, explain

Block G -- Certification of Transferor

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

Block H -- Certification of Transferee

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

Block I -- Certification of CQE Community Representative

Printed name, title, and signature of Community Representative and date signed
Signature, commission expiration date, and stamp of notary

Application for Transfer of QS to or from a CQE, Respondent	
Estimated number of respondents	**1**
Total annual responses	**1**
Number of responses per year = 1	
Total Time burden	**2 hrs**
Time per response = 2 hr	
Total personnel cost ($37 x 2)	**$74**
Total miscellaneous cost (5.65)	**$6**
Postage (.45 x 1 = .45	
Photocopy (0.05 x 4 pp x 1 = 0.20)	
Notary ($5 x 1 = 5)	

Application for Transfer of QS to or from a CQE, Federal Government	
Total annual responses	**1**
Total Time burden (0.5)	**1 hrs**
Time per response = 30 min	
Total personnel cost ($37 x 1)	**$37**
Total miscellaneous cost	**0**

c. Application for a CQE to transfer IFQ to an eligible community resident or non-resident

Once NMFS approves the transfer of QS to CQE, the CQE may transfer halibut and sablefish IFQ to individual, eligible community residents and non-residents. The CQE Program also promotes QS ownership by individual community residents. Individuals who lease annual IFQ from the CQE could use IFQ revenue to purchase their own QS.

An Aleutian Islands CQE could lease any IFQ derived from their QS to either eligible community residents of Adak or non-residents for a period of up to 5 years after the effective date of the final rule. After the 5 year period, the CQE is required to lease the annual IFQ derived from QS it holds only to eligible community residents of Adak.

Those persons applying to receive QS or IFQ by transfer must submit an Application for Eligibility to Receive QS/IFQ containing accurate information to the Regional Administrator, to obtain a TEC. To be eligible, persons must have 150 or more days of experience working as part of a harvesting crew in any U.S. commercial fishery. Work in support of harvesting but not directly related to it is not considered harvesting crew work.

An eligible community resident receiving IFQ from an Aleutian Islands CQE must have a TEC, but NMFS will not apply the 150-day criteria for the eligible community resident to receive the TEC.

Due to the notary requirement, when completed, the original application may only be submitted:

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

Or, deliver to: Room 713, Federal Building
709 West 9th Street
Juneau, AK

Application for a CQE to Transfer IFQ to an eligible community resident or non-resident

Block A – Transferor (Seller) Information

Name of transferor as it appears on the QS Certificate or TEC
NMFS Person ID
Name of the community represented by the CQE
Business mailing address. Indicate whether permanent or temporary address
If permanent address, include street or P.O. Box, city, state, and zip code
If temporary, include street or P.O. Box, city, state, and zip code

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

Block B – Transferee (Buyer) Information

Name of transferee

NMFS Person ID (as set out on the QS Certificate or the TEC)

Business mailing address. Indicate whether permanent or temporary address.

If permanent address, include street or P.O. Box, city, state, and zip code.

If temporary, include street or P.O. Box, city, state, and zip code. This address will be used to send the transfer documentation, if different from the permanent address.

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

Block C -- Transfer (Lease) of IFQ

Note: in the case of the city of Adak, the transferee does not need to be a community resident for the first five years of the program.

Identify IFQ to be transferred by entering the IFQ Permit Number(s) and Year

Name of the community to which IFQ are currently assigned

Indicate if a resident of the Aleutian Islands

If NO, enter city and state of residence

Note: Transferee must be a resident of the community represented by the CQE unless that community is Adak

Name of city and state

Block D – Required Transferor Supplemental Information

Price per pound of IFQ

Indicate whether a broker is used for this transaction.

If YES, indicate amount paid in brokerage fees or percentage of total price.

Block E – Certification of Transferor

Printed name and signature of Transferor and date signed

If completed by representative, **attach** authorization

Signature, commission expiration date, and stamp of notary public

Block F -- Certification of Resident Transferee

Printed name and signature of resident transferee and date signed

If completed by representative, **attach** authorization

Signature, commission expiration date, and stamp of notary public

Block G -- Certification of Non-Resident Transferee

Printed name and signature of Transferee and date signed

If completed by representative, **attach** authorization

Signature, commission expiration date, and stamp of notary public

Appln for CQE Transfer IFQ to community resident, Respondent	
Estimated number of respondents	**1**
Total annual responses	**1**
Response per respondent = 1	
Total burden hours	**2 hrs**
Time per response = 2 hr	
Total personnel cost = ($37/hr x 2)	**$74**
Total miscellaneous costs (5.50)	**$6**
Photocopy (2 pp x .05 x 10 = 1)	
Postage (0.45 x 10 = 4.50)	
Notary (5.00 x 10) = 50	

Appln for CQE Transfer IFQ to community resident, Federal Government	
Total annual responses	**1**
Total burden hours (0.5)	**1 hrs**
Time per response = 30 minutes	
Total personnel cost = $37/hr	**$37**
Total miscellaneous cost	**0**

d. CQE LLP Authorization letter

Prior to requesting an LLP, the CQE shall provide NMFS with a detailed plan for soliciting and determining recipients of the CQE permit. NMFS will issue the LLP to the CQE. The CQE must annually assign each community LLP to a user and vessel and must provide a copy of the authorization letter, and any subsequent amendment to that authorization letter to both NMFS and the vessel operator prior to use by the person(s) designated. A copy of the authorization letter must be maintained onboard the vessel. The person specified for an LLP groundfish license in an authorization letter must be on board the vessel during directed fishing.

CQE LLP Authorization Letter

Assign each community LLP to a specific vessel and designate the vessel operator

CQE attest that the authorized representative using a groundfish license issued to a CQE

- Is a citizen of the United States;
- Has maintained a domicile in a CQE community in the Central GOA or Western GOA eligible to receive an LLP license endorsed for Pacific cod for the 12 consecutive months immediately preceding the time when the assertion of residence is made; and
- Is not claiming residency in another community, state, territory, or country, except that residents of the Village of Seldovia shall be considered to be eligible community residents of the City of Seldovia for the purposes of eligibility to serve as an authorized vessel operator. The residency requirements for a vessel operator using a CQE license ensures that residents of a specific community actively participate in the Pacific cod fishery consistent with the overall goal the Council established for CQE LLP licenses.

CQE Letter of authorization, Respondent	
Total respondents	**24**
Total responses = 1	**24**
Frequency of response = 1	
Total burden hours	**24 hrs**
Time per response = 1 hr	
Total personnel cost ($37 x 24)	**$888**
Total miscellaneous costs	**$12**
Postage (0.45 x 24 = 10.80)	
Photocopy (0.05 x 1 pp x 24 = 1.20)	

CQE Letter of authorization, Federal Government	
Total responses	**24**
Total burden hours = 1 hr	**24 hrs**
Total personnel costs ($37/hr)	**$888**
Total miscellaneous costs	**0**

e. Application for a CQE to Receive a Non-trawl Groundfish LLP License

A license holder must have a Pacific cod endorsement on his or her groundfish license to conduct directed fishing for Pacific cod in the Western Gulf of Alaska (Western GOA) or Central Gulf of Alaska (Central GOA) with hook-and-line gear, pot gear, or jig gear. A license holder can only use the specific non-trawl gear(s) indicated on his or her license to conduct directed fishing for Pacific cod in the Western GOA or Central GOA.

Each approved CQE may apply to receive groundfish LLP licenses on behalf of the communities that the CQE is designated to represent. The LLP authorizes CQEs for eligible communities to request non-trawl groundfish LLP licenses endorsed for Pacific cod in the central or western GOA. A CQE may apply for and may receive a maximum number of groundfish LLPs designated in the regulatory area specified for a community. Licenses will have a maximum length overall designation of 60 ft. Western GOA licenses will be endorsed for pot gear, and Central GOA CQEs may choose either a pot or hook-and-line endorsement. Entities representing specific communities may receive a limited number of fixed gear LLP licenses with Pacific cod endorsements for use on vessels designated by entities representing the communities.

To receive a groundfish license a CQE must submit a completed application to the Regional Administrator, NMFS, P.O. Box 21668, Juneau, AK 99802. The application may be submitted by mail, courier, or fax (907) 586-7354).

Application for a CQE to receive a Non-trawl groundfish LLP license

Block A --Identification

- Name of non-profit organization
- Name of contact person
- NMFS person ID number
- Permanent business mailing address
- Business telephone number, business e-mail address, and business fax number

Block B -- – Gulf of Alaska Non-Trawl LLP Licenses & Non-Trawl Gear Designations

- Total number of LLP groundfish licenses being requested
- Non-trawl gear type to be designated on each groundfish license requested

Block C – Attachments With Additional Information

- Procedures used to determine the distribution of LLP licenses to residents of the community
- Procedures used to solicit requests from residents to be assigned an LLP license.
- Criteria for distribution of the use of LLP licenses among qualified community residents and the relative weighting of those criteria.

Block D - CQE Certification

- Printed name and signature of CQE and date signed
- If representative, attach authorization

Application for a CQE to receive a Non-trawl groundfish LLP license, Respondent	
Total respondents	**8**
Total responses = 1	**8**
Frequency of response = Initial application	
Total burden hours	**160 hrs**
Time per response = 20 hr	
Total personnel cost ($37 x 160)	**$5,920**
Total miscellaneous costs (7.60)	**$8**
Postage (0.45 x8 = 3.60	
Copying (0.05 x 10 pp x 8 = 4.00)	

Application for a CQE to receive a Non-trawl groundfish LLP license, Federal Government	
Total responses	**8**
Total burden hours	**32 hrs**
Time per response = 4 hr	
Total personnel costs ($37 x 32)	**$1,184**
Total miscellaneous costs	**0**

e. Community Quota Entity (CQE) Annual Report

General reporting requirements for CQE annual reports and specific reporting requirements for any CQE participating in the IFQ, charter halibut limited access, and LLP programs are described in § 679.5(t). A CQE is not required to submit an annual report for any calendar year in which it did not hold any community charter halibut permits, IFQ, or LLPs.

By January 31, the CQE must submit a complete annual report for the prior calendar year to

- Regional Administrator, NMFS,
  P.O. Box 21668,
  Juneau, AK 99802,

and to the governing body of each community represented by the CQE as identified in Table 21 to part 679.

A complete annual report must contain all general report requirements and all program specific report requirements applicable to the CQE, as follows:

Community Entity Quota (CQE) Program Annual Report
General report requirements:
Each CQE must report business operations and fishing activity for the charter halibut permit, IFQ, and LLP programs for each eligible community represented by the CQE and must provide
- Name of eligible community or communities
- Any new communities
- Any withdrawn communities
- Any changes in the bylaws of the CQE, board of directors, or other key management personnel; and

Attach copies of minutes and other relevant decision making documents from all CQE board meetings held during the prior calendar year

Charter Halibut Permit (CHP) Limited Access Program
For each community issued one or more CHPs by a CQE, the program-specific report must include:
- Total number of CHPs held by the CQE
  - At the start of the calendar year
  - At the end of the calendar year
  - Projected to be held in the next calendar year
- Process used by the CQE to solicit applications from persons to use CHPs
- Total number of persons who applied to use one or more CHPs
- Name
- Business address, city and state
- Number of CHPs requested by each person

Criteria used by the CQE to distribute CHPs among persons who applied to use one or more CHPs
For each person issued one or more CHPs, provide
- Name

Business address, city and state,
ADF&G logbook number(s)
Number(s) of each CHP authorized to use with the corresponding regulatory area endorsement and angler endorsement

For each vessel authorized to participate in the charter halibut fishery using one or more CHPs, provide
Vessel name
ADF&G vessel registration number
USCG documentation number
Length overall
Home port
Each CHP number held by the CQE and used onboard the vessel
Each set of ports from which the vessel departed and to which it returned
Total number of trips that occurred to and from each set of ports

For each community represented by the CQE, provide any payments made to the CQE for use of the CHPs.

Individual Fishing Quota Program Specific Report

For each community that leased halibut and sablefish IFQ derived from the QS held by a CQE, the program specific report must include:
Total amount of halibut QS and total amount of sablefish QS held by the CQE
at the start of the calendar year
at the end of the calendar year
projected to be held in the next calendar year

Describe process used by the CQE to solicit applications from eligible community residents to use IFQ
Total number of community residents who applied to use IFQ derived from QS held by the CQE;
For each person who applied to use IFQ, provide
Name
Business address, city and state
Amount of IFQ requested

Describe CQE criteria to distribute IFQ among eligible community residents who applied to use IFQ
Name
Business address, city and state
Each IFQ permit number
Total pounds of halibut IFQ authorized through each IFQ permit number
Total pounds of sablefish IFQ authorized through each IFQ permit number
For each vessel used to harvest IFQ derived from QS
Vessel name
ADF&G vessel registration number
USCG documentation number
Length overall
Home port
Each IFQ permit number(s) used onboard

Describe efforts to ensure crew members onboard vessels harvesting IFQ are residents of CQE eligible community
For each person employed as a crew member, provide
Name
Resident city and state

For each community whose residents landed IFQ, provide any payments made to the CQE for use of the IFQ

License Limitation Program Specific Report

For each community that was assigned one or more Pacific cod endorsed non-trawl groundfish licenses, the program specific report must include:
Total number of LLP groundfish licenses by gear type endorsement held by the CQE
At the start of the calendar year
At the end of the calendar year
Projected to be held in the next calendar year

Describe process used by the CQE to solicit applications from residents to use LLP groundfish license(s)
Total number of community residents who applied to use an LLP groundfish license
Name

Business address, city and state
Number of LLP groundfish licenses requested by each person who applied to use a LLP groundfish license
Describe criteria used by the CQE to distribute LLP groundfish licenses among eligible community residents
For each person assigned one or more LLP groundfish licenses, provide
name, business address, city and state
LLP groundfish license numbers for each gear endorsement type
For each vessel authorized to harvest LLP groundfish using one or more LLP groundfish licenses, provide:
Vessel name
ADF&G vessel registration number
USCG documentation number
Length overall
Home port
Each LLP groundfish license number used onboard
For each person employed as a crew member on each vessel using one or more LLP groundfish licenses
Name
Resident city and state
For each community whose residents made landings using one or more LLP groundfish licenses, provide any payments made to the CQE for use of the LLP groundfish licenses.

CQE Annual Report, Respondent	
Estimated number of respondents	**35**
Total annual responses	**35**
Response per respondent = 1	
Total burden hours	**1,400 hrs**
Time per response = 40 hr	
Total personnel cost ($37/hr x 1400)	**$51,800**
Total miscellaneous costs (24.50)	**$25**
Photocopy (5 pp x .05 x 35 = 8.75)	
Postage (0.45 x 35= 15.75)	

CQE Annual Report, Federal Government	
Total annual responses	**35**
Total burden hours = 4 hr	**140 hrs**
Total personnel cost ($37/hr X 140)	**$5,180**
Total miscellaneous cost	**0**

f. Application for Community Charter Halibut Permit (CCHP)

The Charter Halibut Limited Access Program established Federal Charter Halibut Permits for operators in the charter halibut fishery in Regulatory Areas 2C (Southeast Alaska) and 3A (South Central Alaska). The Program also provides a limited number of permits issuable on request to nonprofit corporations representing specified rural communities.

A CQE may apply at any time for community CHPs, issued at no cost. The CQE designates charter operators to use its community CHPs, although the CHP itself is retained by the CQE. A charter vessel operator using a Community CHP is subject to all charter fishing regulations and must either begin or end the charter vessel fishing trip within the community designated on the permit.

All vessel operators in IPHC Areas 2C and 3A with charter anglers onboard must have an original, valid permit onboard during every charter vessel fishing trip on which Pacific halibut

are caught and retained. CHPs are endorsed for the appropriate regulatory area and the number of anglers that may catch and retain charter halibut on a trip. There is no deadline for application.

An eligible community must form a non-profit entity or Community Quota entity (CQE) to represent it prior to applying for a Community Charter Halibut Permit. This CQE must be approved by NMFS. A CQE that represents an eligible community may receive one or more Community CHPs. The CQE must use a separate application for each community that it represents.

A CQE could apply for a limited number of permits for eligible communities at no cost, if they meet criteria for limited participation in the charter halibut fishery. The purpose of issuing permits to this subset of small GOA communities, not located on the road system, is to provide them the opportunity to derive economic benefits from the charter halibut industry.

A CQE representing a community or communities

- In Area 2C -- could receive a maximum of four CCHPs for each eligible community it represents.

- In Area 3A -- could receive a maximum of seven CCHPs for each eligible community it represents. The larger number of community permits allowed in Area 3A reflects the larger resource base in that area.

A CCHP has an angler endorsement of six. The communities eligible for a CCHP include those CQE communities in which 10 or fewer "active" charter vessel businesses terminated charter vessel trips in the community in each of the qualifying years, 2004 and 2005.

The communities shown in Table 21 to 50 CFR part 679 are eligible to obtain community charter halibut permits in the area designated for the community.

A charter vessel fishing trip for halibut that is authorized by a CCHP is required to either begin or end within the geographic boundaries of the community designated on the permit. The purpose of this requirement is to assure that the charter vessel anglers on such a fishing trip have an opportunity to use the goods and services of the community. A CCHP issued to a CQE could not be transferred to a different CQE or to a non-CQE entity.

Applications are accepted if postmarked, hand delivered, or faxed. Electronic submissions other than fax are not acceptable due to the requirement for original signature of the applicant.

Application for Community Charter Halibut Permit (CCHP)

Block A--Type of permit

Indicate type of permit for which applying.
Enter the name of the community represented by CQE
Complete Blocks A, B, and C. Sign Block D

Block B –Applicant information

Applicant's name
Business mailing address (street or P.O. Box, city, state, zip code)
Business telephone number, business fax number, and business e-mail address

Block C – Community Charter Halibut Permit request

Name of the community that the CQE represents
List number of permits requested for that community
List location boundaries of community, including latitude and longitude, where all trips will begin or end

Block E – CQE applicant signature

Signature, printed name, and title of individual completing this application on behalf of CQE
Date signed.
Attach authorizing documentation.

Application for CCHP, Respondents	
Total number of respondents	**32**
Communities:	
14 – Area 3A	
18 – Area 2C	
Total annual responses	**32**
Frequency of response = 1	
Total annual time burden	**32 hrs**
Estimated response time = 1 hr	
Total personnel costs ($37/hr x 32)	**$1,184**
Total miscellaneous costs (106.40)	**$106**
Mail (0.45 x 16 = 7.20)	
Fax (6 x 16 = 96)	
Photocopy (2pp x 0.05 x 32 = 3.20)	

Application for CCHP, Federal Government	
Total responses	**32**
Frequency per response = 1	
Total annual time burden	**16 hrs**
Estimated response time = 30 minutes	
Total personnel costs ($37/hr x 16)	**$592**
Total miscellaneous costs	**0**

g. Application for Transfer Between IFQ and GAF by a Community Quota Entity (CQE)

This form is used only if a CQE is the transferor or the transferee of the IFQ. This application form is for use in transferring IPHC Areas 2C (Southeast GOA) and 3A (Central GOA) commercial IFQ for use as guided angler fish (GAF) by a community resident holding one or more charter halibut permits for IPHC Areas 2C or 3A.

- A CQE applying for a transfer between IFQ and GAF must be eligible to hold IFQ on behalf of an eligible community in Area 2C or Area 3A and have received NMFS' notification of approval of eligibility to receive IFQ for that community.

- The CQE applying to receive GAF must hold one or more valid community CHPs.

- The CQE applying to transfer IFQ to GAF must submit a complete annual report(s) as required by 50 CFR part 679.5(l)(8).

- An individual applying to receive GAF from Area 2C or Area 3A IFQ held by a CQE must be an eligible community resident of the eligible community in whose name the CQE is holding IFQ.

Applicants may use this form to return unused GAF to the CQE from which it was obtained. NMFS will accept Applications to return GAF to IFQ from August 1 to August 31st only. NMFS will return unused GAF to the IFQ permit holder from which they were obtained on or about 15 calendar days prior to the closing of the commercial halibut fishing season; no fees will be assessed for any unused GAF.
NMFS will not approve an Application for Transfer between IFQ and GAF

- Before annual IFQ is issued.
- One month prior to the close of the commercial IFQ fishing season.
- After November 1 and will return all unharvested GAF to the CQE on or about November 1 each year.

The IFQ permit holder is responsible for all cost recovery fees (OMB Control No. 0648-0711) resulting from the GAF harvested as a result of this transfer.

Applications may be submitted to NMFS by mail or by delivery.

Application for Transfer Between IFQ and GAF by a CQE

Attachments
- Completed Application
- Copy of IFQ permit (s)
- Valid Charter Halibut Permit
- Power of Attorney (*if applicable*)

Identification of transferor
- Name and NMFS Person ID
- Name of Community represented by the CQE
- Permanent or Temporary Business Mailing Address. Indicate which
- Business Telephone No., Business Fax No., Business E-mail address

Identification of transferee
- Name and NMFS Person ID
- Name of Community represented by the CQE
- Indicate whether or not you intend to begin or end your charter halibut fishing trip in the community represented by the CQE listed in Block A
- Permanent or Temporary Business Mailing Address. Indicate which
- Business Telephone No., Business Fax No., Business E-mail address

Identification of IFQ and/or GAF To be Transferred
- IFQ Permit Number
- IPHC Area
- Charter Halibut Permit Number
- GAF Permit Number (only required when GAF is returning to the IFQ permit holder)
- Number of GAF

Transferor Supplemental Information
- Was this a gift
- **If NO**, total amount paid for the IFQ in this transaction, including fees:
- Give the price per pound/pound of IFQ
- Was a broker used to facilitate this transfer
- **If YES**, indicate amount paid in brokerage fees

Certification of proposed transferor
- Signature and printed name of transferor and date signed
- If a representative, **attach** authorization

Certification of proposed transferee

Signature and printed name of transferee and date signed
If a representative, **attach** authorization

Application for Transfer Between IFQ and GAF by CQE, Respondent	
Number of respondents	**32**
18 Area 2C	
14 Area 3A	
Total annual responses	**32**
Frequency of response = 1	
Total burden hours	**64 hrs**
Time per response = 2 hr	
Total personnel costs ($37 x 64)	**$2,368**
Total miscellaneous costs (92.50)	**$93**
Mail (1.35 x 30 = 40.50)	
Fax (6 x 2 = 12)	
Photocopy (.05 x 25pp x 32 = 40)	

Application for Transfer Between IFQ and GAF by CQE, Federal Government	
Number of responses	**32**
Total burden hours	**16 hrs**
Time per response = 30 min	
Total personnel costs ($37 x 16 =	**$592**
Total miscellaneous costs	**0**

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

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

Forms and applications are "fillable" on the computer screen at the NMFS Alaska Region Home Page at www.alaskafisheries.noaa.gov. The Application for a CQE to Receive a Non-trawl LLP License and the Application for Transfer of QS-IFQ to a CQE may be submitted to NMFS by mail, courier, or fax. The Application for a Non-profit Corporation to be Designated as a CQE and the Application for Transfer of QS-IFQ to a CQE may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements. The CQE final report is a large report with various sizes of pages which must be submitted by mail or in person. The CQE Authorization Letter may be submitted as an attachment to an email.

4. Describe efforts to identify duplication.

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

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

NMFS has defined all IFQ halibut vessels as small businesses, for the purpose of this analysis. This collection of information does not impose a significant impact on small entities.

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

Without the specified reporting scheme described in this Support Statement, the CQE Program would be unable to proceed.

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

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

No special circumstances exist.

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

A Federal Register Notice published on August 11, 2015 (80 FR 48078) solicited public comment. No comments were received.

In addition, a questionnaire has been submitted to participants to solicit additional public comments (see Supplementary documents).

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

No payment or gift is provided under this program.

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

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

An amended Privacy Act System of Records Notice (SORN), COMMERCE/NOAA--19 Permits and Registrations for United States Federally Regulated Fisheries, was published on August 7, 2015 (80 FR 47457) and became effective September 15, 2015.

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

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

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

Estimated total respondents: 75 (35 CQEs, 32 Community halibut permittees, 8 CQEs to receive non-trawl LLP), increased from 65. Estimated total responses: 134, decreased from 203. Estimated total burden: 1,884, decreased from 1,908 hr. Estimated total personnel costs: $92,308, decreased from $243,600.

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).

Estimated total miscellaneous costs: $264, decreased from $683.

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

Estimated total responses: 134, decreased from 179. Estimated total burden: 234 hr, increased from 197 hr. Estimated total personnel costs: $8,658, increased from $3,900.

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

Adjustments:

This collection-of-information is renewed with only minor adjustments (personnel cost, postage cost, etc.) Actual numbers of CQEs are used. Maximum numbers of potential CQEs were used in previous analyses; this analysis used actual numbers for each item.

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

NMFS Alaska Region posts LLP license information on the web at http://alaskafisheries.noaa.gov/ram/llp.htm#list. The lists contain LLP groundfish and crab licenses issued as of the indicated preparation date. Data are sorted alphabetically and are updated daily. Under current regulations, vessels must be designated on the licenses and the identities of original qualifying vessels are provided for reference only.

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

This collection does not employ statistical methods.

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

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

BLOCK A - IDENTIFICATION OF APPLICANT

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

BLOCK B – REQUIRED ATTACHMENTS

Attach the following information to this application. The application will not be processed unless appropriate information and documentation is provided.

[ ] The applicant's Articles of Incorporation

[ ] The applicant's Corporate By-laws

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

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

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

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

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

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

In addition to the above attachments, if applying to become an Aleutian Islands CQE, attach

[ ] Procedures to determine the distribution of IFQ to eligible community residents and non-residents of Adak.

[ ] Procedures to solicit requests from eligible community residents and non-residents to lease IFQ.

[ ] Criteria to determine the distribution of IFQ leases among eligible community residents and non-residents and the relative weighting of those criteria.

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

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 200 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, Alaska Region, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

INSTRUCTIONS

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

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

Type or print legibly in ink and retain a copy of completed application for your records. **Please allow at least 10 working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions ***and*** include a prepaid mailer with appropriate postage or corporate account number for express delivery.

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

When completed, submit application

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

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

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

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

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

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

e-Mail: RAM.Alaska@noaa.gov

COMPLETING THE APPLICATION

BLOCK A - IDENTIFICATION OF APPLICANT

1. Provide the name of the non-profit entity seeking to become a CQE

2. Name of the contact person for the non-profit organization applying to become a CQE

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

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

7. Enter the name of the eligible community to be represented by the non-profit.

8. List the name of the contact person for Community Governing Body of the community.

BLOCK B - REQUIRED ATTACHMENTS

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

BLOCK C - NOTARY CERTIFICATION

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

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

CHARTER HALIBUT LIMITED ACCESS PROGRAM	APPLICATION FOR COMMUNITY CHARTER HALIBUT PERMIT (CCHP)	U.S. Department of Commerce NOAA National Marine Fisheries Service Alaska Region Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free (907) 586-7202 in Juneau (907) 586-7354 fax

Use a separate application for each community on whose behalf you are requesting a community charter halibut permit.

BLOCK A -- TYPE OF PERMIT
[ ] Community Charter Halibut Permit An authorized Community Quota Entity (CQE) must apply for this permit on behalf of the eligible community. Complete Blocks A, B, and C. Sign and date Block D. See instructions for list of eligible communities.

BLOCK B –APPLICANT INFORMATION		
1. Applicant's Name		
2. Business Mailing Address (*Street or P.O. Box, City, State, Zip Code*):		
3. Business Telephone Number:	4. Business Fax Number:	5. Business E-mail Address:

BLOCK C – COMMUNITY CHARTER HALIBUT PERMIT(S) REQUEST	
1. Enter the name of the community that the CQE represents	2. List the number of charter halibut permits you are requesting for this community:

3. List the locations, including the latitude and longitude, where all trips will begin or end within the boundaries of the community for which you are applying (*attach additional pages if necessary*).

Location Name	Latitude	Longitude

BLOCK D – CQE 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. ***Individual signing this application is required to provide documentation of his/her authority to apply on behalf of the Applicant.***	
Signature of Applicant:	Date:
Printed Name of individual completing application on behalf of CQE	Title of individual completing application on behalf of CQE

Application Instructions
COMMUNITY CHARTER HALIBUT PERMIT (CCHP)

Each eligible community must form a non-profit entity or Community Quota Entity (CQE) to represent it prior to applying for a Community Charter Halibut Permit. This non-profit must apply to NMFS/RAM for certification of eligibility as a CQE using the "Application for a Non-Profit to be Designated as a Community Quota Entity (CQE)".

The communities shown in Table 21 to 50 CFR part 679 are eligible to obtain Community Charter Halibut Permits in the area designated for the community. A CQE representing an eligible community may receive one or more community charter halibut permits.

A community charter halibut permit issued to a CQE:

- will be designated for area 2C or area 3A,
- will be non-transferable, and
- will have an angler endorsement of six (6).

The CQE must submit a separate application for each community on whose behalf requesting a community charter halibut permit. Multiple communities may not be listed on a single application.

GENERAL INFORMATION

Application forms are available National Marine Fisheries Service (NMFS) offices and on the NMFS, Alaska Region, web site at http://www.alaskafisheries.noaa.gov.

When completed, submit the application by:

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

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

It is important that all blocks are completed and attachments provided. Failure to answer any of the questions or provide any of the required documents could result in delays in the processing of your request for a transfer.

Direct any questions you may have to NMFS, RAM at

1-800-304-4846 (option 2) or **907-586-7202 (option 2)**.

COMPLETING THE APPLICATION

BLOCK A—TYPE OF PERMIT

Indicate the type of permit for which you are applying.
Enter the name of the community represented by the CQE.
Complete Blocks A, B, and C. Sign Block D

BLOCK B –APPLICANT INFORMATION

1. Applicant's name
2. Business mailing address (*Street or P.O. Box, city, state, zip code*)

3-5. Business telephone number, business fax number, and business e-mail address

BLOCK C – COMMUNITY CHARTER HALIBUT PERMIT REQUEST

1. Enter the name of the community that the CQE represents.
2. List the number of charter halibut permits you are requesting for this community.
3. List location boundaries of community, including latitude and longitude, where all trips will begin or end.

BLOCK D – CQE APPLICANT SIGNATURE

The individual completing this application must print his/her name, provide his/her title, and sign and date this application. This individual must provide documentation demonstrating his/her authority.

PUBLIC REPORTING BURDEN STATEMENT

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

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to implement the Charter Halibut Limited Access Program for IPHC Regulatory Areas 2C and 3A; 3) Federal law and regulations require and authorize NMFS to manage charter halibut programs in Alaska; 4) Submission of this information is mandatory for any entity participating in charter halibut fishing; 5) This information is used to monitor the Charter Halibut Limited Access Program under the Northern Pacific Halibut Act of 1982; 6) Responses to this information request are not confidential.

CHARTER HALIBUT LIMITED ACCESS PROGRAM	**Application for CQE To Transfer IFQ To An Eligible Community Resident Or Non-Resident**	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

This transfer form is only used if a Community Quota Entity (CQE) is the transferor (seller) of the Individual Fishing Quota (IFQ); if not, a different form must be used.
The party to whom a CQE is seeking to transfer the IFQ must hold a Transfer Eligibility Certificate (TEC) unless they are a resident of the Aleutian Islands (Adak) for at least 12 months.

BLOCK A – TRANSFEROR (SELLER) INFORMATION		
1. Name:		2. NMFS Person ID:
3. Name of Community represented by the CQE:		
4. Business Mailing Address: [ ] Permanent [ ] Temporary		
5. Business Telephone No.:	6. Business Fax No:	7. E-mail address *(if available):*

BLOCK B – TRANSFEREE (BUYER) INFORMATION		
1. Name:		2. NMFS Person ID:
3. Business Mailing Address: [ ] Permanent [ ] Temporary		
4. Business Telephone No.:	5. Business Fax No.:	6. E-mail Address (if available):

BLOCK C -- TRANSFER (LEASE) OF IFQ ***(Pertains only to transfers from CQEs to qualifying community members)***	
1. Identification of IFQ to be transferred: Permit Number: _____ Year: 20_____. Permit Number: _____ Year: 20_____.	
2. Community to which IFQ are currently assigned:	
3. Are you a resident of the Aleutian Islands? [ ] YES [ ] NO **If NO**, enter city and state in which you reside. **NOTE:** You must be a resident of the community represented by the CQE unless that community is Adak.	
4. City:	5. State:

BLOCK D – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION
1. Give the price per pound of IFQ $_____ /Pounds of IFQ *(Price divided by IFQ pounds) including fees*
2. Is there a broker being used for this transaction? [ ] YES [ ] NO **If YES**, how much is being paid in brokerage fees? $ _____or_____ % of total price.

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

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

BLOCK G -- CERTIFICATION OF NON-RESIDENT TRANSFEREE (applicable to IFQ transferred from Adak CQE only)	
Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete. Also, I further swear, or affirm, that I am a non-resident of the community (listed in **Block A**) on whose behalf the CQE is proposing to transfer the IFQ.	
1. Signature of resident transferee or authorized representative:	2. Date:
3. Printed name of resident transferee or authorized representative *(If an authorized representative, attach authorization):*	
4. ATTEST (Signature of Notary Public):	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

Instructions
Application for CQE To Transfer IFQ
To An
Eligible Community Resident Or Non-Resident

This transfer form is only used if a Community Quota Entity (CQE) is the proposed transferor ("seller") of the Individual Fishing Quota (IFQ); if not, a different form must be used.
The party to whom a CQE is seeking to transfer the IFQ must hold a Transfer Eligibility Certificate (TEC) unless they are a resident of the Aleutian Islands (Adak) for at least 12 months.

GENERAL INFORMATION

The halibut and sablefish IFQ Program is administered by the Restricted Access Management (RAM) Program of the Alaska Region, National Marine Fisheries Service (NMFS). Transfers of all IFQ must be approved, in advance, by RAM.

The IFQ Program provides opportunities for small communities located on the coast of the Gulf of Alaska and the Aleutian Islands to hold, and to fish, QS and IFQ. Such communities are represented by Community Quota Entities (CQEs), who must use this application to provide for transfers of IFQ to an eligible community resident or non-resident.

Some general rules pertain, as follows:

- Y Please submit a separate application for each proposed IFQ transfer.
- Y Please complete the entire application, including all attachments; failure to do so could result in delays in the processing of your application.
- Y Please submit an original application only -- a photocopy of an application, or an application submitted by facsimile will not be processed.
- Y RAM will not process an application that does not bear original signatures (faxed applications will be returned). All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).
- Y An application submitted and signed by an authorized representative for a party to the transfer will not be processed unless clear and unambiguous certification of the representative's authority to do so is provided

When completed, submit the original application

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

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

Please allow at least **ten working days** for your application to be processed. Without exception, RAM processes applications in the order in which they are received.

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you have any questions, or if you need any assistance in completing the application, please contact RAM as follows:

Telephone (toll Free): 1-800-304-4846 (press "2")

Telephone (Juneau): 907-586-7202

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

Web Site: www.alaskafisheries.noaa.gov/ram

COMPLETING THE APPLICATION

BLOCK A – TRANSFEROR (SELLER) INFORMATION

1. Name of the CQE proposing to transfer the IFQ; this should be the party's full name as it appears on the QS Holder Summary Report or the Transfer Eligibility Certificate (TEC).

2. NMFS Person ID (as set out on the QS Holder Summary Report or the TEC)

3. Enter the name of community represented by the CQE.

4. Business mailing address. Indicate whether permanent or temporary address.
   If permanent address, include street or P.O. Box, city, state, and zip code.
   If temporary, include street or P.O. Box, city, state, and zip code. This address will be used to send the transfer documentation, if different from the permanent address.

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

BLOCK B – TRANSFEREE (BUYER) INFORMATION

1. Name of the party proposing to receive the transfer of IFQ.

2. NMFS Person ID (as set out on the QS Holder Summary Report or the TEC)

3. Business mailing address. Indicate whether permanent or temporary address.
   If permanent address, include street or P.O. Box, city, state, and zip code.
   If temporary, include street or P.O. Box, city, state, and zip code. This address will be used to send the transfer documentation, if different from the permanent address.

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

BLOCK C -- TRANSFER (LEASE) OF IFQ

This block must be completed by the CQE applying to transfer IFQ to a permanent resident of the community on whose behalf the CQE holds the IFQ. Note: in the case of the city of Adak, the transferee does not need to be a community resident for the first five years of the program.

1. Identify the IFQ to be transferred by entering the IFQ Permit Number(s) and Year

2. Enter the name of the community to which IFQ are currently assigned.

3. Indicate if you are a resident of the Aleutian Islands.
   If NO, enter city and state in which you reside.
   NOTE: You must be a resident of the community represented by the CQE unless that community is Adak.

BLOCK D – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. Provide the price per pound of IFQ.

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

BLOCK E – CERTIFICATION OF TRANSFEROR

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

Signature, commission expiration date, and stamp of notary public

BLOCK F -- CERTIFICATION OF RESIDENT TRANSFEREE

Enter printed name and signature of Transferee and date signed. If completed by an authorized representative, **attach** authorization

Signature, commission expiration date, and stamp of notary public

BLOCK G -- CERTIFICATION OF NON-RESIDENT TRANSFEREE

Enter printed name and signature of Transferee and date signed. If completed by an authorized representative, **attach** authorization.

Signature, commission expiration date, and stamp of notary public

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq*.); 3) The information collected is confidential under section 402(b) of the Magnuson-Stevens Act, as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Community Quota Entity (CQE) Annual Report

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

General reporting requirements for CQE annual reports and specific reporting requirements for any CQE participating in the IFQ, charter halibut limited access, and LLP programs are described in § 679.5(t). A CQE is not required to submit an annual report for any calendar year in which it did not hold any community charter halibut permits, IFQ, or LLPs.

By January 31, the CQE must submit a complete annual report for the prior calendar year to the Regional Administrator, NMFS, P.O. Box 21668, Juneau, AK 99802, and to the governing body of each community represented by the CQE as identified in Table 21 to part 679.

A complete annual report must contain all general report requirements and all program specific report requirements applicable to the CQE, as follows:

Community Entity Quota (CQE) Program Annual Report

General report requirements:

Each CQE must report business operations and fishing activity for the charter halibut permit, IFQ, and LLP programs for each eligible community represented by the CQE and must provide

- Name of eligible community or communities
- Any new communities
- Any withdrawn communities
- Any changes in the bylaws of the CQE, board of directors, or other key management personnel; and

Attach copies of minutes and other relevant decision making documents from all CQE board meetings held during the prior calendar year

Charter Halibut Permit (CHP) Limited Access Program

For each community issued one or more CHPs by a CQE, the program-specific report must include:

- Total number of CHPs held by the CQE
  - At the start of the calendar year
  - At the end of the calendar year
  - Projected to be held in the next calendar year
- Process used by the CQE to solicit applications from persons to use CHPs
- Total number of persons who applied to use one or more CHPs
- Name
- Business address, city and state
- Number of CHPs requested by each person

Criteria used by the CQE to distribute CHPs among persons who applied to use one or more CHPs

For each person issued one or more CHPs, provide

- Name
- Business address, city and state,
- ADF&G logbook number(s)
- Number(s) of each CHP authorized to use with the corresponding regulatory area endorsement and angler endorsement

For each vessel authorized to participate in the charter halibut fishery using one or more CHPs, provide

- Vessel name
- ADF&G vessel registration number

USCG documentation number
Length overall
Home port
Each CHP number held by the CQE and used onboard the vessel
Each set of ports from which the vessel departed and to which it returned
Total number of trips that occurred to and from each set of ports

For each community represented by the CQE, provide any payments made to the CQE for use of the CHPs.

Individual Fishing Quota Program Specific Report

For each community that leased halibut and sablefish IFQ derived from the QS held by a CQE, the program specific report must include:

Total amount of halibut QS and total amount of sablefish QS held by the CQE
at the start of the calendar year
at the end of the calendar year
projected to be held in the next calendar year

Describe process used by the CQE to solicit applications from eligible community residents to use IFQ

Total number of community residents who applied to use IFQ derived from QS held by the CQE;

For each person who applied to use IFQ, provide
Name
Business address, city and state
Amount of IFQ requested

Describe CQE criteria to distribute IFQ among eligible community residents who applied to use IFQ
Name
Business address, city and state
Each IFQ permit number
Total pounds of halibut IFQ authorized through each IFQ permit number
Total pounds of sablefish IFQ authorized through each IFQ permit number

For each vessel used to harvest IFQ derived from QS
Vessel name
ADF&G vessel registration number
USCG documentation number
Length overall
Home port
Each IFQ permit number(s) used onboard

Describe efforts to ensure crew members onboard vessels harvesting IFQ are residents of CQE eligible community

For each person employed as a crew member, provide
Name
Resident city and state

For each community whose residents landed IFQ, provide any payments made to the CQE for use of the IFQ

License Limitation Program Specific Report

For each community that was assigned one or more Pacific cod endorsed non-trawl groundfish licenses, the program specific report must include:

Total number of LLP groundfish licenses by gear type endorsement held by the CQE
At the start of the calendar year
At the end of the calendar year
Projected to be held in the next calendar year

Describe process used by the CQE to solicit applications from residents to use LLP groundfish license(s)

Total number of community residents who applied to use an LLP groundfish license
Name
Business address, city and state
Number of LLP groundfish licenses requested by each person who applied to use a LLP groundfish license

Describe criteria used by the CQE to distribute LLP groundfish licenses among eligible community residents

For each person assigned one or more LLP groundfish licenses, provide
name, business address, city and state

LLP groundfish license numbers for each gear endorsement type

For each vessel authorized to harvest LLP groundfish using one or more LLP groundfish licenses, provide:

Vessel name
ADF&G vessel registration number
USCG documentation number
Length overall
Home port
Each LLP groundfish license number used onboard

For each person employed as a crew member on each vessel using one or more LLP groundfish licenses

Name
Resident city and state

For each community whose residents made landings using one or more LLP groundfish licenses, provide any payments made to the CQE for use of the LLP groundfish licenses.

CHARTER HALIBUT LIMITED ACCESS	Application for Transfer (Lease) between Individual Fishing Quota(IFQ) And Guided Angler Fish(GAF) **COMMUNITY QUOTA ENTITY**	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free (907) 586-7202 in Juneau (907) 586-7354 fax

This form is only used if a Community Quota Entity (CQE) is the transferor (seller) or the transferee (buyer) of the Individual Fishing Quota (IFQ). This application form is for use in transferring International Pacific Halibut Commission (IPHC) Regulatory Areas 2C (Southeast GOA) and 3A (Central GOA) commercial IFQ for use as guided angler fish (GAF) by a community resident holding one or more charter halibut permits for IPHC areas 2C or 3A.

NMFS will not approve any Application for Transfer between IFQ and GAF

- before annual IFQ is issued or
- one month prior to the close of the commercial IFQ fishing season.

Applicants may use this form to return **unused GAF** to the CQE from which it was obtained. NMFS will accept Applications to return GAF to IFQ from August 1 to August 31st only. NMFS will automatically return all unused GAF to the IFQ permit holder on or about 15 calendar days prior to the closing of the commercial halibut fishing season.

Unused GAF will be returned to the CQE from which they were obtained; no fees will be assessed for any unused GAF. The CQE is responsible for all cost recovery fees resulting from the GAF harvested as a result of this transfer. The GAF cost recovery fees will be charged at the same percentage rate as the commercial IFQ fees. GAF fees will be calculated using a standard price established for IPHC areas 2C and 3A using annual commercial IFQ values provided by annually by IFQ Registered Buyers. This standard value may not be challenged (i.e. actual values may not be substituted). No fees will be assessed for any unused GAF.

ATTACHMENTS

Use this block to determine which forms and other information must be included with your transfer. Please check each applicable box below to ensure that your application is complete and can be processed in a timely manner.

[_] Completed Application [_] Copy of IFQ Permit(s)

[_] Valid Charter Halibut Permit (Transferee receiving GAF must have a valid Charter Halibut Permit)

[_] Power of Attorney (*if applicable*)

BLOCK A – IDENTIFICATION OF TRANSFEROR (LESSOR)		
1. Name:	2. NMFS Person ID:	
3. Name of Community represented by the CQE:		
4. Business Mailing Address: [_] Permanent [_] Temporary		
5. Business Telephone No.:	6. Business Fax No:	7. E-mail address:

BLOCK B – IDENTIFICATION OF TRANSFEREE (LESSEE)		
1. Name:	2. NMFS Person ID:	
3. Name of Community represented by the CQE:		
4. Indicate whether or not you intend to begin or end your charter halibut fishing trip in the community listed in Block A above: [ ] YES. IT IS MY INTENT to begin or end the charter halibut fishing trip with the GAF resulting from this transfer in the community represented by the CQE listed in Block A. [ ] NO. IT IS NOT MY INTENT to begin or end the charter halibut fishing trip with the GAF resulting from this transfer in the community represented by the CQE listed in Block A.		
5. Business Mailing Address: [_] Permanent [_] Temporary		
6. Business Telephone No.:	7. Business Fax No:	8. E-mail address:

BLOCK C -- IDENTIFICATION OF IFQ AND/OR GAF TO BE TRANSFERRED				
IFQ Permit Number	IPHC Area	CHP Number	GAF Permit Number	Number of GAF

BLOCK D – TRANSFEROR SUPPLEMENTAL INFORMATION

1. Was this a gift? [_] YES [_] NO

   If NO, what was the total amount paid for the IFQ in this transaction, including fees $_____

2. Give the price per pound per pound of IFQ $_____

3. Did you use a broker to facilitate this transfer? [_] YES [_] NO

   IF YES, indicate amount paid in brokerage fees $_____

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)
BETWEEN IFQ AND GAF - COMMUNITY QUOTA ENTITY (CQE)

GENERAL INFORMATION

This form is only used if a Community Quota Entity (CQE) is the proposed transferor ("seller") or the proposed transferee ("buyer") of the IFQ; if not, a different form must be used. This application form is for use in transferring International Pacific Halibut Commission (IPHC) Regulatory Areas 2C (Southeast Alaska) and 3A (Central Gulf of Alaska) commercial halibut individual fishing quota (IFQ) for use as guided angler fish (GAF) by persons holding charter halibut permits for areas 2C or 3A.

The application must be signed by a representative of the community for whom the CQE holds the IFQ. The IFQ Program provides opportunities for small communities located on the coast of the Gulf of Alaska to hold, and to fish, quota share (QS) and IFQ. Such communities are represented by CQEs, who must use a special application form to provide for transfers of QS/IFQ to and from (and between) CQEs.

This application may only be used to apply for a transfer of IFQ for the current halibut fishing year. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer is not effective until approved by NMFS.

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

- The transferee requesting GAF must hold a valid Charter Halibut Permit (this includes community charter halibut permit or military charter halibut permit).
- The CQE has completed and filed with NMFS the required annual report at 50 CFR 679.5(l)(8)
- A Transfer of IFQ to GAF will not be approved if it would cause the parties to exceed the use limits in 50 CFR 300.65(c)(5)(i)(G)(3) or 50 CFR 679.42(e) or (f).
- Neither party to the transfer has any outstanding fines, civil penalties or other payments due and owning, or outstanding permit sanctions.
- Payment of all outstanding fees to NMFS

NOTE: Unused GAF will be returned to the IFQ permit holder from which they were obtained; no fees will be assessed for any unused GAF. The IFQ permit holder, including the CQE, is responsible for all cost recovery fees resulting from the GAF harvested as a result of this transfer. The GAF cost recovery fees will be charged at the same percentage rate as the commercial IFQ fees. GAF fees will be calculated using a standard price established for IPHC areas 2C and 3A using annual commercial IFQ values provided by annually by IFQ Registered Buyers. This standard value may not be challenged (i.e. actual values may not be substituted).

ADDITIONALLY

Print information in the application legibly in ink or type information. Complete the entire application, including all attachments; failure to do so could result in delays in the processing of your application.

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:	**Alaska Region, National Marine Fisheries Service (NMFS)** **Restricted Access Management (RAM)** **P.O. Box 21668** **Juneau, AK 99802-1668**
By fax to RAM at:	**907-586-7354**
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 corporate account number for express delivery.

If you have any questions, or if you need any assistance in completing the application, please contact RAM as follows:

Telephone (toll Free): 1-800-304-4846 (press "2")
Telephone (Juneau): 907-586-7202

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

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

An application submitted and signed by an agent for a party to the transfer will not be processed unless clear and unambiguous certification of the agent's authority to do so is provided.

COMPLETING THE APPLICATION

BLOCK A – IDENTIFICATION OF TRANSFEROR

1. Legibly print or type the full name of the CQE proposing to transfer the IFQ
2. Enter the NMFS Person ID
3. Enter the name of the community on whose behalf the CQE is applying.
4. Enter the business mailing address. Indicate whether permanent or temporary. If temporary -- this is the address to which the transfer documentation should be sent, if different from the permanent address.

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

BLOCK B – IDENTIFICATION OF THE PROPOSED TRANSFEREE

1. Legibly print or type the full name of the party proposing to receive the IFQ.
2. Enter the NMFS Person ID
3. Enter the name of the community.
4. Indicate whether or not it is the transferee's intent to begin or end the charter halibut fishing trip with the GAF resulting from this transfer in the community represented by the CQE listed in Block A.
5. Enter the business mailing address. Indicate whether permanent or temporary. If temporary -- this is the address to which the transfer documentation should be sent, if different from the permanent address.

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

BLOCK C -- IDENTIFICATION OF IFQ AND/OR GAF TO BE TRANSFERRED

- Enter the IFQ permit number of the 2C or 3A halibut CQE quota share holder
- Enter the International Pacific Halibut (IPHC) management area for the IFQ permit
- Enter the Charter Halibut Permit number of the transferee requesting a guided angler fish (GAF)
- Enter the GAF Permit number, if applicable, for a transfer of GAF back to the IFQ permit holder
- Enter the number of GAF requested in this transfer, expressed as number of fish not pounds of fish.

BLOCK D – TRANSFEROR SUPPLEMENTAL INFORMATION

1. Indicate Yes or No if this was a gift or other non-monetary transaction
   If NO, not a gift or other non-monetary transaction, indicate the total amount you were paid for the IFQ in this transaction, including brokerage fees
2. Indicate the price per pounds of IFQ. This can be derived by dividing the total price by the pounds of IFQ transferred.
3. Indicate Yes or No if you used a broker to facilitate this transfer.
   If YES, you did use a broker, indicate the amount you paid in brokerage fees.

BLOCKS E AND F – CERTIFICATION OF TRANSFEROR AND TRANSFEREE

Enter printed name and signature and enter date of signature for both the transferor and transferee.
Note: if an authorized representative, attach complete authorization.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. Responses are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Application for TRANSFER OF QUOTA SHARE To Or From A COMMUNITY QUOTA ENTITY (CQE)

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

This transfer form is only used if a Community Quota Entity (CQE) is applying to permanently receive or permanently transfer Quota Share (QS) (with or without IFQ); if not, a different form must be used. The party to whom a CQE is seeking to transfer the QS must hold a Transfer Eligibility Certificate (TEC). If the CQE is applying to permanently transfer QS, a representative of the community on whose behalf the QS is held must sign the application.

BLOCK A – TRANSFEROR (SELLER) INFORMATION

1. Name:		2. NMFS Person ID:
3. Name of Community represented by the CQE:		
4. Business Mailing Address: [ ] Permanent [ ] Temporary		
5. Business Telephone No.:	6. Business Fax No:	7. E-mail address *(if available):*

BLOCK B – TRANSFEREE (BUYER) INFORMATION

1. Name:		2. NMFS Person ID:
3. Name of Community represented by the CQE:		
4. Business Mailing Address: [ ] Permanent [ ] Temporary		
5. Business Telephone No.:	6. Business Fax No.:	7. E-mail Address (if available):

BLOCK C -- QUESTIONS FOR TRANSFEREE
1. Do you request that this QS be included in a **sweep up**, if possible? YES [ ] NO [ ] **If YES**, list the identifier on the QS Certificate into which this new piece should be combined (Example H-2C-B-B-123,456,789 through H-2C-B-B-123,458,789) From: ___ - ___ - ___ - ___ - _____ to ___ - ___ - ___ - ___ - _____ (**Reminder**: For sweep-up, **Attach** the original QS Certificates of both the transferor and the transferee)
2. If this is a transfer of Catcher Vessel CDQ Compensation QS and the vessel category has never been declared, check the Catcher Vessel Category (D, C, or B) in which you would request your QS issued. [ ] "**D**" (0' to 35' Length Over All) [ ] "**C**" (35' to 60' Length Over All) [ ] "**B**" (greater than 60' Length Overall

BLOCK D -- IDENTIFICATION OF QS TO BE TRANSFERRED	
1. Quota Share to be transferred:	2. Total QS Units:
3. Designation of QS, as shown on the QS Certificate: From: ___ - ___ - ___ - ___ - _____ to ___ - ___ - ___ - ___ - _____	
NOTES: Pounds transferred includes **a pro-rata share of any overage** based on the QS units held or transferred and is non-negotiable. Pounds transferred includes **a pro-rata share of any underage** based on the QS held or transferred UNLESS OTHERWISE INSTRUCTED	

BLOCK E – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION	
1. Indicate the reason(s) you are proposing this transfer *(check all that apply and provide a brief explanation on a separate sheet).* CQE Management and Administration [ ] Participation by Community residents [ ] Fund additional QS purchase [ ] Dissolution of Community Quota Entity [ ] Other (specify) [ ]	
2. Give the price per unit of QS $_____ /Unit of QS *(Price divided by QS units)*	3. What is the total amount being paid for the QS in this transaction, including all fees? $_____

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

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

5. Indicate your reasons for transferring the QS *(check all that apply).*

Retirement from fisheries	[ ]	Shares too small to fish	[ ]	Consolidation of shares	[ ]
Pursue non-fishing activities	[ ]	Trading shares	[ ]	Other *(please explain)*	[ ]
Health problems	[ ]	Enter other fisheries	[ ]	_____	

BLOCK F -- REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION
(To be completed by proposed transferee)

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

If YES, identify the person who will hold the lien: _____

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

Personal resources (cash)	[ ]	AK Com. Fish & Ag. Bank	[ ]	Received as a gift	[ ]
Private bank/credit union	[ ]	Transferor/seller	[ ]	NMFS loan program	[ ]
Alaska Dept. Of Commerce	[ ]	Processor/fishing company	[ ]	Other (*explain)*	[ ]

3. How was the QS located *(check all that apply)*?

Relative	[ ]	Advertisement/public notice	[ ]	Broker	[ ]
Personal friend	[ ]	Other *(explain)*	[ ]	_____	

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

No relationship	[ ]	Business partner	[ ]	CQE Community Member	[ ]
Other *(please explain)*	[ ]	_____			

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

[ ] YES [ ] NO

If YES, please explain: _____

_____

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

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

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

Instructions
APPLICATION TO TRANSFER QS TO, OR FROM, A
COMMUNITY QUOTA ENTITY (CQE)

This application is to be used ONLY to apply for a transfer of permanent quota share (QS) (with or without IFQ) to or from a CQE. If a CQE is not a party to the proposed transfer, another application should be used.

Any party to whom the QS is proposed to be transferred must hold a Transfer Eligibility Certificate (TEC).

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

GENERAL INFORMATION

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

The IFQ Program provides opportunities for small communities located on the coast of the Gulf of Alaska and the Aleutian Islands to hold, and to fish, QS and IFQ. Such communities are represented by Community Quota Entities (CQEs), who must use this application to provide for transfers of QS to and from (and between) CQEs. These instructions are designed to help you to use this transfer application form. Some general rules pertain, as follows:

- Y Please submit a separate application for each proposed QS transfer.
- Y Please complete the entire application, including all attachments; failure to do so could result in delays in the processing of your application.
- Y Please submit an original application only -- a photocopy of an application, or an application submitted by facsimile will not be processed.
- Y RAM will not process an application that does not bear original signatures (faxed applications will be returned). All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).
- Y An application submitted and signed by an authorized representative for a party to the transfer will not be processed unless clear and unambiguous certification of the representative's authority to do so is provided

When completed, submit the original application

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

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

Please allow at least **ten working days** for your application to be processed. Without exception, RAM processes applications in the order in which they are received.

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you have any questions, or if you need any assistance in completing the application, please contact RAM as follows:

Telephone (toll Free): 1-800-304-4846 (press "2")

Telephone (Juneau): 907-586-7202

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

Web Site: www.alaskafisheries.noaa.gov/ram

COMPLETING THE APPLICATION

BLOCK A – TRANSFEROR (SELLER) INFORMATION

1. Name of the transferor proposing to transfer the QS as it appears on the QS Certificate or the TEC

2. NMFS Person ID (as set out on the QS Certificate or the TEC)

3. If the transferor is a CQE, enter the name of the community on whose behalf the CQE is applying.

4. Business mailing address. Indicate whether permanent or temporary address.
   If permanent address, include street or P.O. Box, city, state, and zip code.
   If temporary, include street or P.O. Box, city, state, and zip code. This address will be used to send the transfer documentation, if different from the permanent address.

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

BLOCK B – TRANSFEREE (BUYER) INFORMATION

1. Name of the party proposing to receive the transfer of QS.

2. NMFS Person ID (as set out on the QS Certificate or the TEC)

3. If the transferee is a CQE, enter the name of the community represented by the CQE.

4. Business mailing address. Indicate whether permanent or temporary address.
   If permanent address, include street or P.O. Box, city, state, and zip code.
   If temporary, include street or P.O. Box, city, state, and zip code. This address will be used to send the transfer documentation, if different from the permanent address.

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

BLOCK C – QUESTIONS FOR TRANSFEREE

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

Halibut		Sablefish	
Area	Units	Area	Units
2C	33,320	SE	33,270
3A	46,520	WY	43,390
3B	44,193	CG	46,055
		WG	48,410
		AI	99,210

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

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

BLOCK D – IDENTIFICATION OF QS TO BE TRANSFERRED

1. Quota share to be transferred.

2. Total QS units to be transferred.

3. Designation of those QS units (as set out on the QS Certificate).

NOTE:
Pounds transferred includes a pro-rata share of any overage based on the QS units held or transferred and is non-negotiable.

Pounds transferred includes a pro-rata share of any underage based on the QS held or transferred UNLESS OTHERWISE INSTRUCTED

BLOCK E – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. If transferor is a CQE, indicate the reason(s) transfer is being proposed. Check all that apply and provide a brief explanation on a separate sheet.

2. Provide the price per unit of QS.

3. Indicate total amount paid for the QS in this transactions, including all fees.

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

5. Indicate reason(s) for transferring QS (check all that apply)

BLOCK F – REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION

1. Indicate whether the QS will have a lien attached
   If YES, identify the person who will hold the lien

2. Indicate primary source of financing for this transfer (check one)

3. Indicate how the QS was located (check all that apply)

4. Indicate relationship to the transferor (check all that apply)

5. Indicate whether an agreement exists to return the QS to the transferor or any other person or a condition placed on resale.
   If YES, explain

BLOCK G -- CERTIFICATION OF TRANSFEROR

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

Signature, commission expiration date, and stamp of notary public

BLOCK H -- CERTIFICATION OF TRANSFEREE

Enter printed name and signature of Transferee and date signed
If completed by an authorized representative, attach authorization

Signature, commission expiration date, and stamp of notary public

BLOCK I -- CERTIFICATION OF CQE COMMUNITY REPRESENTATIVE

Enter printed name, title, and signature of Community Representative and date signed
Signature, commission expiration date, and stamp of notary public

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq*.); 3) The information collected is confidential under section 402(b) of the Magnuson-Stevens Act, as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Application for a Community Quota Entity (CQE) to Receive a Non-trawl Groundfish LLP License

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

BLOCK A - IDENTIFICATION OF APPLICANT

1. Name of Non-Profit (CQE) Organization:	2. Name of CQE Contact Person:	3. CQE NMFS Person ID:
4. Name of Community on whose behalf the CQE is applying for an LLP(s):		
5. Permanent Business Mailing Address:		
6. Business Telephone Number:	7. Business Fax Number:	8. Business E-mail Address:

BLOCK B – GULF OF ALASKA NON-TRAWL LLP LICENSES & NON-TRAWL GEAR DESIGNATIONS

1. Enter the total number of LLP groundfish licenses being requested: *(see instructions for the maximum number of licenses that can be issued per eligible community, for a management area)*	

2. Enter the non-trawl gear type to be designated on each groundfish license requested.

NOTE: By regulation NMFS may issue only pot gear Pacific cod endorsements for licenses that are endorsed for the Western Gulf of Alaska.

License	Gear Type	License	Gear Type

BLOCK C – ATTACHMENTS WITH ADDITIONAL INFORMATION
The following information must be included as attachments to this application. The application will not be processed unless appropriate information and documentation are provided.
♦ A statement describing: The procedures the CQE used to determine the distribution of LLP licenses to residents of the community represented by that CQE. The procedures the CQE used to solicit requests from residents to be assigned an LLP license. The criteria the CQE used to determine the distribution of the use of LLP licenses among qualified community residents and the relative weighting of those criteria.

BLOCK D - CQE CERTIFICATION	
I am a duly authorized representative of the applicant; by my signature below, I declare that I have examined this application in its entirety, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Applicant (or Authorized Representative):	2. Date:
3. Printed Name of Applicant (or Authorized Representative): If representative, **attach** authorization.	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 20 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Instructions
APPLICATION FOR A
CQE TO RECEIVE A NON-TRAWL GROUNDFISH LLP LICENSE

A license holder must have a Pacific cod endorsement on his or her groundfish license to conduct directed fishing for Pacific cod in the Western Gulf of Alaska (Western GOA) or Central Gulf of Alaska (Central GOA) with hook-and-line gear, pot gear, or jig gear. A license holder can only use the specific non-trawl gear(s) indicated on his or her license to conduct directed fishing for Pacific cod in the Western GOA or Central GOA.

Groundfish LLP License

In order to receive a groundfish license, a Community Quota Entity (CQE) must submit a complete application for a groundfish license to the Regional Administer at the address below.

A groundfish license approved for issuance to a CQE by the Regional Administrator for a community listed in Table 21 to part 679 (see below):

(1) May not be transferred to any person from the CQE;
(2) Will have only the regional designation specified for that community;
(3) Will have an maximum length overall of 60 feet specified on the license;
(4) Will have only a catcher vessel designation;
(5) Will receive only a non-trawl gear endorsement;
(6) Will be assigned a Pacific cod endorsement with a non-trawl gear designation.

Eligible Community

Prior to initially receiving quota share by transfer on behalf of a specific eligible community, a non-profit entity that intends to represent that eligible community as a CQE must have approval from the Regional Administrator. To receive that approval, the non-profit entity seeking to become a CQE must submit a complete application to become a CQE to the

Regional Administrator, NMFS,
P.O. Box 21668,
Juneau, AK 99802.

The Regional Administrator will provide a copy of the complete application to the

Alaska Department of Community and Economic Development,
Commissioner,
P.O. Box 110809,
Juneau, AK 99811-0809.

Each CQE that has been approved by the Regional Administrator to represent a community listed in Table 21 to part 679, that is eligible for Pacific cod endorsed non-trawl groundfish licenses, may apply to receive the maximum number of groundfish licenses on behalf of the eligible communities the CQE is designated to represent. A CQE may not apply for, and may not receive more than the maximum number of groundfish licenses designated in the regulatory area specified for a community.

Table 21 to Part 679 – Eligible communities, Halibut IFQ Regulatory Area Location, Community Governing Body that Recommends the CQE, and the Fishing Programs and Associated Areas where a CQE Representing an Eligible Community may be Permitted to Participate.

Eligible GOA community	Halibut IFQ regulatory area in which the community is located	Community governing body that recommends the CQE	May lease halibut QS in halibut IFQ regulatory			May lease sablefish QS in sablefish IFQ regulatory areas	Maximum number of CHPs that may be issued in halibut IFQ regulatory		Maximum number of Pacific cod endorsed non-trawl groundfish licenses that may be assigned in the GOA groundfish regulatory area	
			Area 2C	Area 3A	Area 3B	CG, SE, WG, and WY (All GOA)	Area 2C	Area 3A	Central GOA	Western GOA
Akhiok	3A	City of Akhiok.		X	X	X		7	2	
Angoon	2C	City of Angoon.	X	X		X	4			
Chenega Bay	3A	Chenega IRA Village.		X	X	X		7	2	
Chignik	3B	City of Chignik.		X	X	X			3	
Chignik Lagoon	3B	Chignik Lagoon Village Council.		X	X	X			4	
Chignik Lake	3B	Chignik Lake Traditional Council.		X	X	X			2	
Coffman Cove	2C	City of Coffman Cove.	X	X		X	4			
Cold Bay	3B	City of Cold Bay.		X	X	X				2
Craig	2C	City of Craig.	X	X		X				
Edna Bay	2C	Edna Bay Community Association.	X	X		X	4			
Elfin Cove	2C	Community of Elfin Cove.	X	X		X				
Game Creek	2C	N/A.	X	X		X	4			
Gustavus	2C	Gustavus Community Association.	X	X		X				
Halibut Cove	3A	N/A.		X	X	X		7	2	
Hollis	2C	Hollis Community Council.	X	X		X	4			
Hoonah	2C	City of Hoonah.	X	X		X	4			
Hydaburg	2C	City of Hydaburg.	X	X		X	4			
Ivanof Bay	3B	Ivanof Bay Village Council.		X	X	X				2
Kake	2C	City of Kake.	X	X		X	4			
Karluk	3A	Native Village of		X	X	X		7	2	

Eligible GOA community	Halibut IFQ regulatory area in which the community is located	Community governing body that recommends the CQE	May lease halibut QS in halibut IFQ regulatory			May lease sablefish QS in sablefish IFQ regulatory areas	Maximum number of CHPs that may be issued in halibut IFQ regulatory		Maximum number of Pacific cod endorsed non-trawl groundfish licenses that may be assigned in the GOA groundfish regulatory area	
			Area 2C	Area 3A	Area 3B	CG, SE, WG, and WY (All GOA)	Area 2C	Area 3A	Central GOA	Western GOA
		Karluk.								
Kasaan	2C	City of Kasaan.	X	X		X	4			
King Cove	3B	City of King Cove.		X	X	X				9
Klawock	2C	City of Klawock.	X	X		X	4			
Larsen Bay	3A	City of Larsen Bay.		X	X	X		7	2	
Metlakatla	2C	Metlakatla Indian Village.	X	X		X	4			
Meyers Chuck	2C	N/A.	X	X		X	4			
Nanwalek	3A	Nanwalek IRA Council.		X	X	X		7	2	
Naukati Bay	2C	Naukati Bay, Inc.	X	X		X	4			
Old Harbor	3A	City of Old Harbor.		X	X	X		7	5	
Ouzinkie	3A	City of Ouzinkie.		X	X	X		7	9	
Pelican	2C	City of Pelican.	X	X		X	4			
Perryville	3B	Native Village of Perryville.		X	X	X				2
Point Baker	2C	Point Baker Community.	X	X		X	4			
Port Alexander	2C	City of Port Alexander.	X	X		X	4			
Port Graham	3A	Port Graham Village Council.		X	X	X		7	2	
Port Lions	3A	City of Port Lions.		X	X	X		7	6	
Port Protection	2C	Port Protection Community Association.	X	X		X	4			
Sand Point	3B	City of Sand Point.		X	X	X				14
Seldovia	3A	City of Seldovia.		X	X	X		7	8	
Tatitlek	3A	Native Village of Tatitlek.		X	X	X		7	2	
Tenakee Springs	2C	City of Tenakee	X	X		X	4			

Eligible GOA community	Halibut IFQ regulatory area in which the community is located	Community governing body that recommends the CQE	May lease halibut QS in halibut IFQ regulatory			May lease sablefish QS in sablefish IFQ regulatory areas	Maximum number of CHPs that may be issued in halibut IFQ regulatory		Maximum number of Pacific cod endorsed non-trawl groundfish licenses that may be assigned in the GOA groundfish regulatory area	
			Area 2C	Area 3A	Area 3B	CG, SE, WG, and WY (All GOA)	Area 2C	Area 3A	Central GOA	Western GOA
		Springs.								
Thorne Bay	2C	City of Thorne Bay.	X	X		X	4			
Tyonek	3A	Native Village of Tyonek.		X	X	X		7	2	
Whale Pass	2C	Whale Pass Community Association.	X	X		X	4			
Yakutat	3A	City of Yakutat.		X	X	X		7	3	

CQE Authorization Letter

The CQE must provide a copy of an annual CQE authorization letter, and any subsequent amendment to that authorization letter that is made by the CQE to NMFS. A copy of the CQE authorization letter also must be provided to the vessel operator prior to the person(s) designated in the authorization letter using that groundfish license aboard a vessel. The vessel operator must maintain a copy of the annual CQE authorization letter, and any subsequent amendment to that authorization letter that is made by the CQE, on board the vessel when that vessel is directed fishing for Pacific cod under the authority of that groundfish license.

The authorization letter, and any subsequent amendment to that authorization letter, must be sent to the Regional Administrator, NMFS, P.O. Box 21668, Juneau, AK 99802.

The CQE must attest in the annual CQE authorization letter, or any subsequent amendment to that authorization letter, that the person(s) using a groundfish license issued to a CQE:

(1) Is a citizen of the United States;

(2) Has maintained a domicile in a CQE community in the Central GOA or Western GOA eligible to receive an LLP license endorsed for Pacific cod for the 12 consecutive months immediately preceding the time when the assertion of residence is made; and

(3) Is not claiming residency in another community, state, territory, or country, except that residents of the Village of Seldovia shall be considered to be eligible community residents of the City of Seldovia for the purposes of eligibility to serve as an authorized person.

The CQE authorization letter must list for each LLP license held by the CQE:

- The vessel to be assigned to the license for the calendar year
- The individual authorized to use the LLP license

- o Certifies that the individual authorized to use the LLP license is
  - ☐ A citizen of the United States
  - ☐ Has maintained a domicile, for the 12 consecutive months preceding the authorization in the CQE Community that is eligible to receive an LLP license endorsed for Pacific cod in the CG or WG and on whose behalf this LLP license is to be held.

GENERAL INFORMATION

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

Please allow at least 10 working days for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

Mail the original completed application form to:	**NMFS Alaska Region** **Restricted Access Management (RAM)** **P.O. Box 21668** **Juneau, AK 99802-1668**
Hand Deliver to:	Room 713, Federal Building 709 West 9th Street
Or Fax to:	(907) 586-7354
If you need additional information, call RAM at:	(800) 304-4846 (Option 2) or (907) 586-7202 (Option 2)

COMPLETING THE APPLICATION

BLOCK A – IDENTIFICATION OF APPLICANT

1. Name of Non-Profit Organization (CQE) seeking to receive a Non-trawl Groundfish LLP License.
2. Name of CQE Contact Person.
3. NMFS person ID of the non-profit organization.
4. Name of the community on whose behalf the CQE is applying for an LLP.
5. Permanent Business Mailing Address, including street or P.O. Box, city, state, and zip code.

6 -8. Business Telephone Number, business fax number, including the area codes, and business e-mail address.

BLOCK B – NUMBER OF GOA NON-TRAWL LLP LICENSES & NON-TRAWL GEAR DESIGNATIONS

1. Enter the number of GOA Groundfish LLP Licenses that the CQE is requesting on behalf of the eligible community in Block A.

Note: A community will not be issued more than the number and type of licenses authorized in Table 21 (see above).

2. Indicate for each license requested, the gear non-trawl type to be designated on each license.

   For example, if requesting two Central GOA LLP Non-Trawl Licenses indicate gear on each as follows:
   License #1 – Longline Gear
   License #2 – Pot Gear

BLOCK C - REQUIRED INFORMATION
The CQE applying to receive a non-trawl groundfish LLP license must provide all of the documentation listed in this section. Failure to provide any of the required documentation will result in a denial of this application.

BLOCK D – CQE CERTIFICATION
Enter signature, printed name, and date of application. If completed by a representative, **attach** authorization.

that changed circumstances warrant the revocation of the *Order,* in part, we will instruct U.S. Customs and Border Protection to liquidate without regard to antidumping duties, and to refund any estimated antidumping duties, on all unliquidated entries of the merchandise covered by the revocation that are not covered by the final results of an administrative review or automatic liquidation.

The current requirement for cash deposits of estimated antidumping duties on all entries of subject merchandise will continue unless until they are modified pursuant to the final results of this changed circumstances review.

These preliminary results of review and notice are in accordance with sections 751(b) and 777(i) of the Act and 19 CFR 351.221 and 19 CFR 351.222.

Dated: July 31, 2015.

Ronald K. Lorentzen,

Acting Assistant Secretary for Enforcement and Compliance.

[FR Doc. 2015–19711 Filed 8–10–15; 8:45 am]

BILLING CODE 3510–DS–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: Pacific Islands Region Coral Reef Ecosystems Logbook and Reporting.

OMB Control Number: 0648–0462.

Form Number(s): None.

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

Number of Respondents: 5.

Average Hours per Response: Logbook reports, 30 minutes; transshipment reports, 15 minutes; at-sea notifications, 3 minutes.

Burden Hours: 18.

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

National Marine Fisheries Service (NMFS) requires any United States (U.S.) citizen issued a Special Coral Reef Ecosystem Fishing Permit to complete logbooks and submit them to NMFS (50 CFR 665). The Special Coral Reef Ecosystem Fishing Permit is authorized under the Fishery Ecosystem Plans for American Samoa Archipelago, Hawaiian Archipelago, Mariana Archipelago, and Pacific Remote Island Areas. The information in the logbooks is used to obtain fish catch/fishing effort data on coral reef fishes and invertebrates harvested in designated low-use marine protected areas and on those listed in the regulations as potentially-harvested coral reef taxa in waters of the U.S. exclusive economic zone in the western Pacific region. These data are needed to determine the condition of the stocks, whether the current management measures are having the intended effects, and to evaluate the benefits and costs of changes in management measures. The logbook information includes interactions with protected species, including sea turtles, monk seals, and other marine mammals, which are used to monitor and respond to incidental takes of endangered and threatened marine species.

Affected Public: Business or other for-profit organizations; individuals or households.

Frequency: 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 6, 2015.

Sarah Brabson,

NOAA PRA Clearance Officer.

[FR Doc. 2015–19671 Filed 8–10–15; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Evaluation of State Coastal Management Program

AGENCY: Office for Coastal Management, National Ocean Service, National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of intent to evaluate: Correction.

SUMMARY: The NOAA Office for Coastal Management published a notice in the **Federal Register** on July 16, 2015, announcing its intent to evaluate the Puerto Rico Coastal Management Program. This document contains corrections to that notice, regarding the start time of the public meeting and the date for which written comments will be accepted.

DATES: The second public meeting for the Puerto Rico Coastal Management Program will be held Wednesday, September 2, and begin at 4:00 p.m. local time at the Environmental Agencies Building, PR–8838 Km. 6.3, El Cinco, Rio Piedras, San Juan, Puerto Rico.

ADDRESSES: Written comments from interested parties are encouraged and will be accepted until September 15, 2015. Please direct written comments to Carrie Hall, Evaluator, Planning and Performance Measurement Program, NOAA Office for Coastal Management, 1305 East-West Highway, 11th Floor, N/OCM1, Room 11212, Silver Spring, Maryland 20910, or *Carrie.Hall@noaa.gov*. All other portions of the 16 July notice remain unchanged.

FOR FURTHER INFORMATION CONTACT: Carrie Hall, Evaluator, Planning and Performance Measurement Program, NOAA Office for Coastal Management, NOS/NOAA, 1305 East-West Highway, 11th Floor, N/OCM1, Room 11212, Silver Spring, Maryland 20910, or *Carrie.Hall@noaa.gov*.

(Federal Domestic Assistance Catalog 11.419 Coastal Zone Management Program Administration)

Dated: August 4, 2015.

Donna Rivelli,

Deputy Associate Assistant Administrator for Management and CFO/CAO, Ocean Services and Coastal Zone Management, National Oceanic and Atmospheric Administration.

[FR Doc. 2015–19664 Filed 8–10–15; 8:45 am]

BILLING CODE 3510–08P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Proposed Information Collection; Comment Request: Alaska Community Quota Entity (CQE) Program

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 13, 2015.

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 *JJessup@doc.gov*).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Patsy A. Bearden, NMFS Alaska Region, (907) 586–7008, or *patsy.bearden@noaa.gov.*

SUPPLEMENTARY INFORMATION:

I. Abstract

This request is for extension of a currently approved information collection.

The Alaska Community Quota Entity (CQE) Program allocates to eligible communities a portion of the quotas for groundfish, halibut, crab, and prohibited species in the Bering Sea and Aleutian Islands Management Area (BSAI). Currently, there are 98 CQE eligible communities (45 Individual Fishing Quota (IFQ) and quota share (QS) halibut and sablefish, 32 charter halibut, and 21 License Limitation Program (LLP) communities), although only a few communities are currently participating. The allocations provide communities the means for starting or supporting commercial fisheries business activities that will result in an ongoing, regionally based, fisheries-related economy. A non-profit corporate entity that meets specific criteria to receive transferred halibut or sablefish QS on behalf of an eligible community may lease the resulting IFQ to persons who are residents of the eligible community.

II. Method of Collection

Forms and applications are ''fillable'' on the computer screen at the NMFS Alaska Region Home Page at *www.alaskafisheries.noaa.gov,* and may be submitted to NMFS by mail, courier, fax, or attachment to an email.

III. Data

OMB Control Number: 0648–0665.

Form Number(s): None.

Type of Review: Regular submission (extension of a current information collection).

Affected Public: Individuals or households; not-for-profit institutions.

Estimated Number of Respondents: 90.

Estimated Time per Response: 200 hours, Application to become a CQE; 2 hours for Application to transfer QS–IFQ to or from CQE; 20 hours for Application for a CQE to receive a non-trawl LLP license; 1 hour for Application for Community Charter Halibut Permit; 40 hours for CQE Annual Report; 1 hour for CQE LLP Authorization Letter.

Estimated Total Annual Burden Hours: 1,908.

Estimated Total Annual Cost to Public: $683.

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 6, 2015.

Sarah Brabson,

NOAA PRA Clearance Officer.

[FR Doc. 2015–19672 Filed 8–10–15; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF DEFENSE

Office of the Secretary

[Docket ID: DoD–2015–OS–0080]

Proposed Collection; Comment Request

AGENCY: Office of the Assistant Secretary of Defense, DoD.

ACTION: Notice.

SUMMARY: In compliance with the *Paperwork Reduction Act of 1995,* the Office of the Assistant Secretary of Defense announces a proposed public information collection and seeks public comment on the provisions thereof. 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 of the proposed information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

DATES: Consideration will be given to all comments received by October 13, 2015.

ADDRESSES: You may submit comments, identified by docket number and title, by any of the following methods:

- Federal eRulemaking Portal: *http://www.regulations.gov*. Follow the instructions for submitting comments.
- Mail: Department of Defense, Office of the Deputy Chief Management Officer, Directorate of Oversight and Compliance, Regulatory and Audit Matters Office, 9010 Defense Pentagon, Washington, DC 20301–9010.

Instructions: All submissions received must include the agency name, docket number and title for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at *http://www.regulations.gov* as they are received without change, including any personal identifiers or contact information.

Any associated form(s) for this collection may be located within this same electronic docket and downloaded for review/testing. Follow the instructions at *http://www.regulations.gov* for submitting comments. Please submit comments on any given form identified by docket number, form number, and title.

FOR FURTHER INFORMATION CONTACT: To request more information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please write to the Office of Family Policy/Children and Youth, Program Analyst for the Family Advocacy Program, 4800 Mark Center Drive, Suite 03G15, Alexandria, VA 22350–2300, ATTN: Mary Campise, or call 571–372–5346.

SUPPLEMENTARY INFORMATION:

Title; Associated Form; and OMB Number: Family Advocacy Program (FAP): Central Registry: Child Maltreatment and Domestic Abuse Incident Reporting System; OMB Control Number 0704–0536.

Needs and Uses: Office of the Secretary of Defense Family Advocacy Program together with DMDC conducts