



**APPLICATION FOR TRANSFER  
OF CRAB PROCESSOR QUOTA  
SHARE (PQS)**

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



**Notes:**

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

**BLOCK A – TYPE OF TRANSFER**

1. If this is a transfer of PQS, is any of the PQS being transferred subject to a right of first refusal (ROFR)?  
 YES                       NO                       NOT APPLICABLE

**If YES,** please answer the remaining questions in Block A.

**If NO,** please proceed to Block B.

2. With regard to the transfer of PQS subject to ROFR, will the PQS subject to ROFR be used **within the Eligible Crab Community (ECC)** with which the PQS is currently associated?  
 YES                       NO

**If YES,** indicate the name of the ECC entity that has the Right of First Refusal (ROFR) on the PQS:

\_\_\_\_\_

And **attach** an affidavit from the transferee (buyer) and the ECC entity certifying that (1) the buyer has completed a ROFR contract with the ECC entity identified above that includes the ROFR contract terms specified in Chapter 11 section 3.4.4.1.2 of the Fishery Management Plan for Bering Sea/Aleutian Islands King and Tanner Crabs or (2) the ECC entity wishes to permanently waive ROFR for the PQS.

3. With regard to the transfer of PQS subject to ROFR, will the PQS subject to ROFR be used **outside the Eligible Crab Community (ECC)** with which the PQS is currently associated?  
 YES                       NO

**If YES,** provide the name of the ECC entity that has the ROFR on the PQS:

\_\_\_\_\_

**And attach:**

- (1) **an affidavit** from the transferor (seller) certifying that the seller notified the ECC entity identified above of the transfer at least 90 days prior to the date of this application and that the ECC entity did not exercise its ROFR during that period; and

**BLOCK A – TYPE OF TRANSFER**

2) **an affidavit** from the transferee (buyer) certifying that the buyer has completed a ROFR contract that includes the ROFR contract terms specified in Chapter 11 section 3.4.4.1.2 of the Fishery Management Plan for Bering Sea/Aleutian Islands King and Tanner Crabs **with either** the ECC entity identified above or an ECC entity eligible to hold a ROFR under § 680.41(l) in the region in which the IPQ must be landed. The affidavit must name the EEC entity that now holds the ROFR.

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

**BLOCK B – IDENTIFICATION OF TRANSFEROR (SELLER)**  
*(The transferor is the person currently holding the PQS)*

1. Name:		2. NMFS Person ID:
3. Business Mailing Address: Indicate whether <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail address:
7. Has transferor submitted an EDR, if required to do so by § 680.6? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>		
8. Has transferor paid all fees, as required by § 680.44? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>		

**BLOCK C – IDENTIFICATION OF TRANSFEREE (BUYER)**

1. Name:		2. NMFS Person ID:
3. Business Mailing Address: Indicate whether <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail address:
7. Has transferee submitted an EDR, if required to do so by § 680.6? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>		
8. Has transferee paid all fees, as required by § 680.44? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>		

**BLOCK D – IDENTIFICATION AND COST OF QUOTA TO BE TRANSFERRED**

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

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

Fishery	*Sector	Region	Beginning Serial Number	Ending Serial Number	Number of PQS Units
_____	_____	_____	_____	_____	_____

2. Are any current year IPQ Pounds to transfer with the PQS?  YES  NO

**If YES**, complete the following:

Permit Number: \_\_\_\_\_ Pounds: \_\_\_\_\_

3. What is the total price of the PQS, including all fees and other transaction costs? \$ \_\_\_\_\_

4. What is the price per Unit PQS? \$ \_\_\_\_\_ (Price divided by Units)

**BLOCK E<sub>1</sub> – SURVEY QUESTIONS FOR TRANSFEROR (SELLER)**

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retirement from fisheries     | <input type="checkbox"/> Shares too small to use | <input type="checkbox"/> Health problems         |
| <input type="checkbox"/> Pursue non-fishing activities | <input type="checkbox"/> Trading shares          | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Enter other fisheries         | <input type="checkbox"/> Consolidation of shares |  |

Describe “Other” reason (if applicable):

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

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

**BLOCK E<sub>2</sub> -- SURVEY QUESTIONS FOR TRANSFeree (BUYER)**

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

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

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Self – Personal Resources  | <input type="checkbox"/> AK – CFAB                 | <input type="checkbox"/> Gift (no financing)    |
| <input type="checkbox"/> Private Bank/Credit Union  | <input type="checkbox"/> Transferor/Seller         | <input type="checkbox"/> NOAA Fisheries Loan    |
| <input type="checkbox"/> AK Division of Investments | <input type="checkbox"/> Processor/Fishing Company | <input type="checkbox"/> Other (describe below) |

Explain “Other” source of financing:

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advertisement/Public Notice     | <input type="checkbox"/> Direct Notice from Transferor | <input type="checkbox"/> Permit Broker |
| <input type="checkbox"/> Other (explain “Other” Source): |  |  |

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

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> No Relationship       | <input type="checkbox"/> Business Partner | <input type="checkbox"/> Family Member | <input type="checkbox"/> Friend or Acquaintance |
| <input type="checkbox"/> Other (explain below) |   |  |   |

Describe “Other” Relationship:

**BLOCK E<sub>2</sub> -- SURVEY QUESTIONS FOR TRANSFEREE (BUYER)**

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**BLOCK F – SIGNATURE OF TRANSFEROR**

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

1. Signature of Transferor:

2. Date:

3. Printed Name Transferor (If completed by authorized representative, **attach** authorization):

**BLOCK G – SIGNATURE OF TRANSFEREE**

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

1. Signature of Transferee:

2. Date:

3. Printed Name Transferee (If completed by authorized representative, **attach** authorization):

Instructions  
**APPLICATION FOR TRANSFER OF CRAB PQS**

**GENERAL  
INFORMATION**

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

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

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

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

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

◆ Submit a Crab Economic Data Report (EDR).

A CR EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is **July 31**.

To determine if you are required to submit an EDR or to request that a printed EDR be mailed to you (at no cost), contact:

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

Telephone: 1-877-741-8913 e-mail: [info@psmfc.org](mailto:info@psmfc.org)

◆ Payment of all outstanding fees to NMFS.

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

**ADDITIONALLY**

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.

◆ Do not wait until right before an opening to apply for your permit, as you may not receive it on time. **Please allow up to ten (10) working days** for a transfer application to be reviewed, processed, and approved or disapproved; the parties will be notified upon approval of the transfer.

Forms are available through the Internet on the NMFS Alaska Region website at

<https://www.fisheries.noaa.gov/region/alaska>

When completed, submit the original application

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

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

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

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

**Website:** <https://www.fisheries.noaa.gov/region/alaska>

**Telephone (toll free): 800-304-4846 (press “2”)**

**Telephone (in Juneau): 907-586-7202 (press “2”)**

**e-Mail:** [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

### ***COMPLETING THE FORM***

#### **BLOCK A – RIGHT OF FIRST REFUSAL**

1. Indicate if any of the processor quota share (PQS) being transferred is subject to a right of first refusal (ROFR).
2. Indicate if this transfer of PQS that is subject to ROFR will be used within the Eligible Crab Community (ECC) with which the PQS is currently associated.

**If YES,** write in the name of the ECC entity that has the Right of First Refusal (ROFR).

**And attach an affidavit** from the transferee (buyer) and the ECC entity certifying that:

- (1) the buyer has completed a ROFR contract with the ECC entity identified above that includes the ROFR contract terms specified in Chapter 11 section 3.4.4.1.2 of the Fishery Management Plan for Bering Sea/Aleutian Islands King and Tanner Crabs, or
- (2) the ECC entity wishes to permanently waive ROFR for the PQS.

**If NO,** continue to next question.

3. Indicate if this transfer of PQS that is subject to ROFR will be used outside the ECC with which the PQS is

currently associated.

**If YES**, write in the name of the ECC entity that has the Right of First Refusal (ROFR).

**And attach:**

- (1) **an affidavit** from the transferor (seller) certifying that the seller notified the ECC entity identified above of the transfer at least 90 days prior to the date of this application and that the ECC entity did not exercise its ROFR during that period; and
- (2) **an affidavit** from the transferee (buyer) certifying that the buyer has completed a ROFR contract that includes the ROFR contract terms specified in Chapter 11 section 3.4.4.1.2 of the Fishery Management Plan for Bering Sea/Aleutian Islands King and Tanner Crabs **with either** the ECC entity identified above or an ECC entity eligible to hold a ROFR under § 680.41(l) in the region in which the IPQ must be landed. The affidavit must name the EEC entity that now holds the ROFR.

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

**IF NO**, continue to next Block.

#### **BLOCK B – IDENTIFICATION OF TRANSFEROR (SELLER)**

1. Enter the full, legal, business name of the person that holds quota and wishes to transfer it;
2. Enter the transferor's NMFS Person ID;
3. Enter the business mailing address for use with this transaction. Indicate if this is a permanent change to your business mailing address or if this is a temporary business mailing address for this transaction only;
- 4-6. Enter the business telephone number, business fax number, and e-mail address;
- 7-8. Check the appropriate box that applies to submission of an EDR and fee payment(s).

#### **BLOCK C – IDENTIFICATION OF TRANSFeree (BUYER)**

1. Enter the full, legal, business name of the person that wishes to receive the quota by transfer;
2. Enter the transferee's NMFS Person ID;
3. Enter the business mailing address for use with this transaction. Indicate if this is a permanent change to your business mailing address or if this is a temporary business mailing address for this transaction only;
- 4-6. Enter the business telephone number, business fax number, and e-mail address;
- 7-8. Check the appropriate box that applies to submission of an EDR and fee payment(s)

**BLOCK D – IDENTIFICATION AND COST OF QUOTA TO BE TRANSFERRED**

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

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

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

Region	Code
North	N
South	S
West	W
Undesignated	U

1. Enter the correct Fishery, Sector, and Region Code, as well as the beginning serial number and the ending serial number as set out on the Report of Quota Holding issued by RAM.
2. Indicate whether any current year IPQ pounds are intended to transfer with the PQS.
3. Enter the total price of the PQS, including all fees and other transaction costs.
4. Indicate the price per unit of PQS.

**BLOCK E<sub>1</sub> – SURVEY QUESTIONS FOR TRANSFEROR (SELLER)**

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

Complete the survey question; check all that apply. Provide an explanation if the transfer is requested pursuant to some “other” reason.

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

**BLOCK E<sub>2</sub> – SURVEY QUESTIONS FOR TRANSFEREE (BUYER)**

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

1. Indicate whether the Quota to be transferred will be used as collateral for a loan.  
**If YES, identify the party with an interest in (“lien” against) the Quota.**  
 RAM, as a courtesy, will enter the name of the party that has asserted an interest in the Quota on the Report of Quota Holdings that is provided to Quota Holders; recording the asserted interest does not create a valid lien against the Quota, does not indicate that a valid lien exists; likewise, the absence of a recorded interest does not mean that no lien exists.
2. Indicate the major source of financing for the Quota; describe “Other” source of financing in the space provided.
3. Indicate how the Quota was located; i.e., how did the Transferee know that the Quota was available for transfer?
4. Indicate the relationship, if any, between the Transferor and the Transferee; describe any “Other” relationship.

## BLOCKS F AND G – SIGNATURE OF THE TRANSFEROR AND TRANSFEREE

Applicant must print and sign his or her name and enter the date the application was signed. If the application is completed by the Applicant's authorized representative, **attach** proof of authorization. **The application will be considered incomplete without your signature and will not be processed.**

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### Paperwork Reduction Act Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0514. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Assistant Regional Administrator, Sustainable Fisheries Division, NMFS Alaska Region, P.O. Box 21668, Juneau, AK 99802-1668.

### Privacy Act Statement

**Authority:** The collection of this information is authorized under the Magnuson-Stevens Fishery Conservation and Management Act, 16 U.S.C. 1801, *et seq.*

**Purpose:** NMFS is collecting this information to manage the Crab Rationalization Program.

**Routine Uses:** NMFS will use this information to transfer Crab Processor Quota Share. Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among authorized staff for work-related purposes. Disclosure of this information is also subject to the published routine uses identified in the Privacy Act System of Records Notice [COMMERCE/NOAA-19, Permits and Registrations for the United States Federally Regulated Fisheries](#).

**Disclosure:** Furnishing this information is required to obtain or retain benefits. Failure to provide complete and accurate information may delay or prevent the transfer of Crab Processor Quota Share.

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