



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

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



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

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

1. Name:		2. NMFS Person ID:
3. Name of Community represented by the CQE:		
4. Business Mailing Address <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail address (if available):

**BLOCK B – IDENTIFICATION OF PROPOSED TRANSFEREE
(BUYER OR LESSEE)**

1. Name:		2. NMFS Person ID:
3. Name of Community represented by the CQE:		
4. Permanent Business Mailing Address <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address (if available):

BLOCK C – QS QUESTIONS FOR TRANSFEREE

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

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

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

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

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

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

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

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

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

Designation of QS, as shown on the QS Certificate:

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

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

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

Notes:

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

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

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

1. Identification of IFQ to be transferred: Permit Number: _____ Year: 20____.

2. Identification of IFQ to be transferred: Permit Number: _____ Year: 20____.

3. Community to which QS are currently assigned: _____

5. What is your relationship to the Transferor (*check all that apply*)?
 No relationship Business partner CQE Community Member
 Other (*explain*) _____

6. Is there an agreement to return the QS or IFQ to the Transferor, or any other person, or a condition placed on resale?
YES NO

If YES, please explain: _____

BLOCK H -- CERTIFICATION OF TRANSFEROR

Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.

1. Signature of proposed transferor or authorized representative:	2. Date:
3. Printed name of transferor or authorized representative (<i>Note: If representative, attach authorization</i>)	
4. ATTEST (<i>Signature of Notary Public</i>):	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

BLOCK I -- CERTIFICATION OF TRANSFEREE

Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete. Also, if I am only receiving IFQ, I further swear, or affirm, that I am a permanent resident of the community (*listed in Block B*) on whose behalf the CQE is proposing to transfer the IFQ, that I have been a resident for at least 12 months, and that I intend to remain a resident.

1. Signature of transferee or authorized representative:	2. Date:
3. Printed name of transferee or authorized representative (<i>Note: If representative, attach authorization</i>)	
4. ATTEST (<i>Signature of Notary Public</i>):	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

BLOCK J -- CERTIFICATION OF CQE COMMUNITY REPRESENTATIVE
(Required only when CQE proposes to permanently transfer Quota Share)

I am a duly authorized representative of the community *(listed in Block A or Block B)* on whose behalf the CQE is proposing to transfer QS; by my signature below, I attest that the applicant CQE has the approval of our community to complete this permanent QS transfer, for the reasons set out on this application.

1. Signature of Community Representative:	2. Date:
3. Printed name and title Community Representative:	
4. ATTEST <i>(Signature of Notary Public)</i> :	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

PUBLIC REPORTING BURDEN STATEMENT

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

ADDITIONAL INFORMATION

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

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

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

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

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

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

A CQE may transfer QS:

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

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

GENERAL INFORMATION

Some general rules pertain, as follows:

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

When completed, submit application

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

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

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

If you need additional information:

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

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

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

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

COMPLETING THE APPLICATION

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

1. Legibly print or type the name of the transferor; this is the full name as it appears on the QS Certificate or the TEC.
2. Enter the NMFS Person ID (*as set out on the QS Certificate or the TEC*)
3. Enter the name of the community on whose behalf the CQE is applying.
4. Enter the permanent business mailing address.
5. If appropriate, enter the temporary business mailing address (*the address to which the transfer documentation should be sent, if different from the permanent address*).
- 6-8. Enter business telephone number, business fax number, and e-mail address (*if available*).

BLOCK B – IDENTIFICATION OF TRANSFEREE (*BUYER OR LESSEE*)

1. Legibly print or type the name of the transferee
2. Enter the NMFS Person ID (*as set out on the QS Certificate or the TEC*)
3. Enter the name of the community represented by the CQE.
4. Enter the permanent business mailing address.
5. If appropriate, enter the temporary business mailing address (*the address to which the transfer documentation should be sent, if different from the permanent address*).
- 6-8. Enter business telephone number, business fax number, and e-mail address (*if available*).

BLOCK C – QS QUESTIONS FOR TRANSFEREE

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

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

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

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

BLOCK D – IDENTIFICATION OF QS/IFQ TO BE TRANSFERRED

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

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

BLOCK E – TRANSFER OF IFQ ONLY (“LEASE” OF IFQ)

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

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

BLOCK F – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

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

BLOCK G – REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION

1. Indicate YES or NO whether the QS/IFQ will have a lien attached. **If YES**, identify the person who will hold the lien.
2. Indicate primary source of financing for this transfer (*check one*).
3. Indicate how the QS/IFQ was located (*check all that apply*).
4. Indicate relationship to the transferor (*check all that apply*).
- 5– 6. Indicate YES or NO whether an agreement exists to return the QS or IFQ to the transferor or any other person or a condition placed on resale. **If YES**, explain.

BLOCK H -- CERTIFICATION OF TRANSFEROR

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

BLOCK I -- CERTIFICATION OF TRANSFEREE

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

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

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