



## Application to Become An Eligible Crab Community Organization (ECCO)

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



### ***BLOCK A - IDENTIFICATION OF APPLICANT***

1. Name of Non-Profit Organization:		2. NMFS Person ID:	
3. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		4. Name of Representative:	
5. Business Telephone No.:	6. Business Fax No.:	7. E-mail Address:	
8. Name of Community Represented by Non-Profit:		9. Name of Contact Person for Community Governing Body	

### ***BLOCK B - REQUIRED ATTACHMENTS***

**The following information must be included as attachments to this application; the application will not be processed unless appropriate information and documentation are provided.**

- The articles of incorporation under the laws of the State of Alaska for that non-profit organization
- A statement indicating the eligible crab community(ies) (ECCs) represented by that non-profit organization for purposes of holding crab quota share (QS)
- The bylaws of the non-profit organization
- A list of key personnel of the management organization including, but not limited to, the board of directors, officers, representatives, and any managers
- Additional contact information of the managing personnel for the non-profit organization and resumes of management personnel
- A description of how the non-profit organization is qualified to manage QS on behalf of the ECC it is designated to represent, and a demonstration that the non-profit organization has the management skills and technical expertise to manage QS and individual fishing quota (IFQ)
- A statement describing the procedures that will be used to determine the distribution of IFQ to residents of the ECC represented by that non-profit organization, including:
  - Procedures used to solicit requests from residents to lease IFQ
  - Criteria used to determine the distribution of IFQ leases among qualified community residents, and
  - The relative weighting of those criteria

**BLOCK C -APPLICANT CERTIFICATION**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant

2. Date:

3. Printed Name of Applicant (if authorized representative, attach proof of authorization to this application):

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2.5 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NMFS Alaska Region, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j).; 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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Instructions  
APPLICATION TO BECOME AN  
ELIGIBLE CRAB COMMUNITY ORGANIZATION (ECCO)

This application is required to establish a person's eligibility to become an eligible crab community organization (ECCO) in the Crab Rationalization (CR) Program.

An eligible crab community (ECC) is an Alaskan community, not a Western Alaska Community Development Quota (CDQ) community, in which 3 percent or more of any CR crab fishery was historically processed. An ECC can form a nonprofit entity to receive quota share (QS), individual fishing quota (IFQ), processor quota share (PQS), and individual processor quota (IPQ) transfers on behalf of the community. QS represents a long-term privilege to harvest a percentage of the crab fishery. IFQ is the pounds of crab that QS yields each year. PQS is a long-term privilege to receive a percentage of the crab harvest in a fishery. PQS annually yields IPQ, which is the pounds of crab that PQS yields each year.

Prior to initially receiving QS or IFQ by transfer on behalf of a specific ECC, a non-profit organization that intends to represent that community as an ECCO must submit an Application to Become an Eligible ECCO and have that application approved by the Regional Administrator.

CR crab may be transferred to or from an ECCO. The ECCO may then lease IFQ to community residents. The specific communities are:

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

Submit the completed application:

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

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

Application forms submitted to RAM must bear the original signatures of the parties — RAM will not process faxed applications.

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

RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at

<http://alaskafisheries.noaa.gov>

## ***COMPLETING THE APPLICATION***

### **BLOCK A - IDENTIFICATION OF APPLICANT**

- 1-2. Name and NMFS Person ID of the non-profit organization.
3. Permanent or temporary business mailing address; indicate which.
4. Name of non-profit organization's designated representative.
- 5-7. Representative's business telephone number, business fax number, and business e-mail address (if available)
8. Name of community represented by the non-profit.
9. Name of contact person for the governing body of community represented.

### **BLOCK B -- REQUIRED ATTACHMENTS**

Attach the following documents to the application. Indicate with a checkmark.

- ◆ The articles of incorporation under the laws of the State of Alaska for that non-profit organization.
- ◆ A statement indicating the ECC represented by that non-profit organization for purposes of holding QS.
- ◆ The bylaws of the non-profit organization.
- ◆ A list of key personnel of the management organization including, but not limited to, the board of directors, officers, representatives, and any managers.
- ◆ Additional contact information of the managing personnel for the non-profit organization and resumes of management personnel.
- ◆ A description of how the non-profit organization is qualified to manage QS on behalf of the ECC it is designated to represent, and a demonstration that the non-profit organization has the management skills and technical expertise to manage QS and IFQ.
- ◆ A statement describing the procedures that will be used to determine the distribution of IFQ to residents of the ECC represented by that non-profit organization, including:

Procedures used to solicit requests from residents to lease IFQ.

Criteria used to determine the distribution of IFQ leases among qualified community residents;  
and

The relative weighting of those criteria.

**BLOCK C -- APPLICANT CERTIFICATION**

The applicant must sign and print name and enter the date signed in the presence of a Notary Public. Representatives signing for the applicant must submit proof of authorization. A Notary Public must Attest and affix Notary Stamp. The Notary Public cannot be the person(s) submitting this application.