

	<p>Application for BSAI Crab</p> <p>ELIGIBILITY TO RECEIVE QS/PQS OR IFQ/IPQ BY TRANSFER</p>	<p>U.S. Department of Commerce NOAA Fisheries Service, Alaska Region Restricted Access Management (RAM) Post Office Box 21668 Juneau, Alaska 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 (fax)</p>	
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Except for persons who received crab quota share (QS) or processor quota share (PQS) by initial issuance and Eligible Crab Community Organizations, no person may receive BSAI crab QS/IFQ or PQS/IPQ by transfer unless such person has established eligibility to do so. This application is for use by persons seeking authority to receive QS, PQS, IFQ, or IPQ by transfer under the Crab Rationalization (CR) Program.

BLOCK A -- TYPE OF QUOTA	
If seeking eligibility for (indicate type of Quota)	Complete Application Blocks . . .
<input type="checkbox"/> CVO or CPO QS or IFQ	A, B, D (if applicable), E, and F
<input type="checkbox"/> CVC or CPC QS or IFQ	A, B, C, E, and F
<input type="checkbox"/> PQS or IPQ	A, B and F

BLOCK B -- APPLICANT INFORMATION		
<p>1. Is the Applicant an individual U.S. Citizen or a U.S. Corporation, Partnership, or other business entity? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Note: Only U.S. Citizens may receive QS/IFQ by transfer; any person may receive PQS/IPQ by transfer.</p>		
2. Name of Applicant:	3. NMFS Person ID:	
<p>4. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (if any)</p> 		
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-Mail Address:

BLOCK C – ELIGIBILITY TO RECEIVE CVC OR CPC QS/IFQ

Is the purpose of this application to obtain authority to receive “crew shares” (CVC or CPC or associated IFQ) by transfer?

YES []

NO []

If YES, the applicant must demonstrate participation in one or more CR Program fishery(ies) during the 365 days prior to signing this application form. Such participation may be demonstrated by submitting:

- ◆ a signed ADF&G fish ticket imprinted with the applicant’s CFEC permit card,
- ◆ an affidavit indicating date of landing of crab species from the owner of a vessel upon which fishing was done, or
- ◆ a signed receipt for an IFQ crab landing on which the applicant was serving as a hired master for an IFQ permit holder.

BLOCK D – CORPORATIONS, PARTNERSHIPS, OR OTHER BUSINESS ENTITIES

1. Is this application being submitted by, or on behalf of, a CDQ Group?

YES []

NO []

If YES, go to Block F.

2. Is this application being submitted by, or on behalf of, a Corporation, Partnership, or Other Business Entity?

YES []

NO []

If YES, at least one individual member/owner of the entity **must document an ownership interest of at least 20%** of the entity and, additionally, must demonstrate that s/he has participated for a minimum of 150 days as a member of the harvesting crew in any U.S. fishery(ies)

Verification of the 150 days of harvesting participation can be provided by submitting

- ◆ the individual’s Transfer Eligibility Certificate (TEC) for the North Pacific Halibut and Sablefish Individual Fishing Quota (IFQ) program or
- ◆ the individual’s TEC for the Crab Rationalization Program, or
- ◆ by completing Block E of this application. If Block E is completed, and this application is approved, the individual will automatically qualify for a TEC for the halibut/sablefish IFQ fisheries.

Identity of individual business owner with required experience participating in one or more U.S. fishery(ies)

3. Name of Individual Owner:

4. NMFS Person ID:

5. Business Mailing Address:

6. Business Telephone Number:

7. Business Fax Number:

8. Business E-Mail address:

9. Is this application being submitted by, or on behalf of, a U.S. Citizen?

YES []

NO []

If NO, STOP! This application cannot be approved unless the individual with 20% ownership in the entity listed in Block B is a U.S. Citizen.

BLOCK E – INDIVIDUAL COMMERCIAL FISHING EXPERIENCE
(Duplicate this page as necessary to display all relevant commercial fishing experience)

If Block E is completed, and this application is approved, the individual will automatically qualify for a TEC for the halibut/sablefish IFQ fisheries

Note: If the individual who completes this Block E is not the Applicant, this individual must co-sign this application in Block F.

1. Species (<i>one per block</i>):	2. Gear Type:	3. Location:
4. Date From: (MMYY)	5. Date To: (MMYY)	6. Number of Actual Days Spent Harvesting Fish:
7. Duties performed while directly involved in the fishing activity (please be specific):		
8. Vessel Name:		9. ADF&G or USCG Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (person other than Applicant):	13. Reference's Relationship to Applicant:	14. Reference's Business Telephone Number:
15. Reference's Business Mailing Address:		

BLOCK E – INDIVIDUAL COMMERCIAL FISHING EXPERIENCE (Continuation)

If Block E is completed, and this application is approved, the individual will automatically qualify for a TEC for the halibut/sablefish IFQ fisheries

Note: If the individual who completes this Block E is not the Applicant, the individual must co-sign this application in Block F.

1. Species (<i>one per block</i>):	2. Gear Type:	3. Location:
4. Date From: (MMYY)	5. Date To: (MMYY)	6. Number of Actual Days Spent Harvesting Fish:
7. Duties performed while directly involved in the fishing activity (please be specific):		
8. Vessel Name:		9. ADF&G or USCG Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (<i>person other than Applicant</i>):	13. Reference's Relationship to Applicant:	14. Reference's Business Telephone Number:
15. Reference's Business Mailing Address:		

BLOCK F – CERTIFICATION

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.

Signature of Applicant or Applicant’s Representative:

Date Signed:

Printed Name of Applicant or Applicant’s Representative:

(Note: If this is completed by the Applicant’s Representative, attach authorization)

BLOCK G – ADDITIONAL CERTIFICATION

(Required if the individual who completed Block E is not the Applicant)

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.

Signature of Individual who completed Block E:

Date Signed:

Printed Name of Individual who completed Block E:

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, 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.

Instructions
ELIGIBILITY TO RECEIVE
QS/PQS OR IFQ/IPQ BY TRANSFER

A transfer of catcher vessel crew (CVC) or catcher/processor crew (CPC) quota share (QS) or individual fishing quota (IFQ) will not be approved unless the intended recipient of the QS or IFQ demonstrates recent participation in Bering Sea and Aleutian Islands Management Area (BSAI) crab fisheries within the 365 days prior to the date the transfer application was submitted. **NOTE:** only U.S. Citizens qualify to receive QS/IFQ by transfer.

This application is required to establish a person’s eligibility to receive QS, processor quota share (PQS), IFQ, or individual processor quota (IPQ) by transfer, if the person is not an eligible crab community organization (ECCO). A successful applicant will receive a letter of acknowledgment of eligibility from NMFS; the acknowledgment will not expire.

Transfer of crab QS, PQS, IFQ, or IPQ means any transaction, approved by NMFS, requiring QS or PQS, or the use thereof in the form of IFQ or IPQ, to pass from one person to another, permanently or for a fixed period of time, except that:

- ◆ A crab IFQ hired master permit issued by NMFS, as described in § 680.4, is not a transfer of crab QS or IFQ; and
- ◆ The use of IFQ assigned to a crab harvesting cooperative and used within that cooperative is not a transfer of IFQ.

The following table provides standards for eligibility to receive BSAI Crab Rationalization (CR) Program quota by transfer:

Quota Type	Eligible Person	Eligibility Standards
PQS not issued under 680.40€(3)(i)	Any Person	None
IPQ	Any Person	None
CVO or CPO QS	A person initially issued QS	No other eligibility requirements
	An Individual	who is a U.S. citizen and who has at least 150 days of sea time as part of a harvesting crew in any U.S. commercial fishery
	A corporation, partnership, association or other non-individual entity	With at least one individual member who is a U.S. citizen and who: a) owns at least 20% of the entity, and b) has at least 150 days of sea time as part of a harvesting crew in any U.S. commercial fishery
	An ECCO	that meets eligibility requirements at § 680.41(j)
	A CDQ Group	No other eligibility requirements
CVC or CPC QS	An Individual	who is a U.S. citizen and who has: a) at least 150 days of sea time as part of a harvesting crew in any U.S. commercial fishery and, b) recent participation in a CR fishery in the 365 days prior to submission of an application for eligibility

Note: CVO = catcher vessel owner; CPO = catcher/processor owner; CDQ = Western Alaska Community Development Quota

Please allow at least 10 days for processing your permit. Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

- ◆ Type or print legibly in ink.
- ◆ Retain a copy of completed application for your records.
- ◆ Applications may be faxed to RAM; however, permits will not be returned by fax.

When complete, submit

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

By delivery to: NMFS Alaska Region (NMFS/RAM)
Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801

or By fax to: (907) 586-7354

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 – TYPE OF QUOTA

Indicate the type(s) of QS, PQS, IFQ or IPQ for which the applicant is seeking eligibility to receive by transfer.

BLOCK B – APPLICANT INFORMATION

1. Indicate whether the Applicant is a U.S. Citizen
2. Enter the name of the applicant.
3. Enter the NMFS Person ID.
4. Enter the business mailing address, including a temporary address if indicated.
- 5-7. Enter the business telephone number, business fax number, and business E-mail address.

BLOCK C – ELIGIBILITY TO RECEIVE CVC OR CPC QS/IFQ

Indicate whether the purpose of the application is to obtain authority to receive “crew shares” (CVC or CPC QS), or “crew” IFQ by transfer.

If YES, the applicant must demonstrate participation in one or more CR fishery(ies) during the 365 days prior to submission of the application form. Such participation may be demonstrated by submitting:

- ◆ a signed Alaska Department of Fish and Game (ADF&G) fish ticket imprinted with the applicant’s Alaska Commercial Fisheries Entry Commission (CFEC) permit card;
- ◆ an affidavit from the owner of a vessel upon which fishing was done; or,
- ◆ a signed receipt for an IFQ crab landing on which the applicant was serving as a hired master for an IFQ permit holder.

BLOCK D – CORPORATIONS, PARTNERSHIPS, OR OTHER BUSINESS ENTITIES

1. Indicate whether the application is being submitted by, or on behalf of, a CDQ group.

If YES, go to **Block F**.

2. Indicate whether the application is being submitted by, or on behalf of, a Corporation, Partnership, or Other Business entity.

If YES, at least one individual member/owner of the entity must document an ownership interest of at least 20% of the entity and, additionally, must demonstrate that s/he has participated for a minimum of 150 days as a member of the harvesting crew in any U.S. fishery(ies).

- ◆ Documentation of a 20% ownership interest may consist of corporation or partnership articles of incorporation, or completion of the Annual Application for an IFQ/IPQ Permit.
- ◆ Participant Verification (requisite experience) is:
 - Transfer Eligibility Certificate (TEC) for the Halibut and Sablefish IFQ Program
 - TEC for the CR Program, or
 - Completion of Block E.

- 3-4. Provide the name and NMFS person ID of the individual owner with the requisite experience participating in one or more U.S. fishery(ies)

- 5-8. Business mailing address, business telephone number, business fax number, and business E-Mail address

9. Indicate whether this application is being submitted by, or on behalf of, a U.S. Citizen.

If NO, STOP! This application cannot be approved unless the individual with 20% ownership in the entity listed in Block B is a U.S. Citizen.

BLOCK E – INDIVIDUAL COMMERCIAL FISHING EXPERIENCE

Duplicate the form as necessary until a minimum of 150 days experience is recorded and claimed.

Note that if the individual who completes Block E is not the Applicant, the individual must sign the application in Block G - Additional Certification.

1. Enter the species for which fishing was undertaken.
2. Enter the gear type used in the fishing.
3. Enter the location of the fishing (regulatory area or geographic designation (e.g., “Area T” or “Bristol Bay”))
- 4-5. Enter the month and year that fishing commenced and concluded.
6. Enter the number of days spent as a member of the harvesting crew.
7. Record the duties performed. Please be specific (e.g., “picked nets,” “set pots,” “washed crab,” etc. and not “deckhand”).
8. Enter the name of the vessel upon which the fishing occurred.
9. Enter the name, the ADF&G vessel registration number, or USCG documentation number of the vessel.
- 10-11. Enter the name(s) of the vessel’s owner and operator during the time claimed.
12. Enter the name of a reference (*i.e.*, a person other than the Applicant who, if contacted by RAM, could verify the Applicant’s claim of participation).
13. Describe Reference's relationship to Applicant.
14. Reference's business mailing address.
15. Reference's business telephone number.

BLOCK F – CERTIFICATION

Enter the printed name and signature of the Applicant, and date signed. If the person signing is not the Applicant, attach authorization.

BLOCK G – ADDITIONAL CERTIFICATION

If the individual who completed Block E is not the Applicant, the individual who completed Block E must enter the printed name and signature and date signed in this Block G.