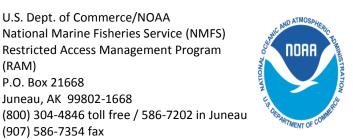
Revised Date: 07-18-2011

1. Printed Name of Eligible Signatory



Application for Annual Exemption from Western Aleutian Islands **Golden King Crab West Region Delivery Requirements**

U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management Program (RAM) P.O. Box 21668 Juneau, AK 99802-1668



3. Date Signed

Additional documents supporting eligibility under § 680.4(o)(2)(i) must be attached to this application to facilitate approval.

IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES

2. Signature of Eligible Signatory

(907) 586-7354 fax

. NMFS Person ID S. Indicate Type of Eligible Signatory				
	[] Quota Share Holder [] Processor Quota Share Ho	older [] Municipality		
	AFFIDAVIT			
The signature above affirms that:				
	exempt West designated IFQ and West designated IPQ for the Western Aleutian Golden king crab fishery from the West Region			
♦ All information in this applic	• All information in this application is true, correct, and complete to the best of his or her knowledge and belief.			
Note: If this application is comple	eted by an authorized representative, attach documentation demonstration	ng authorization.		
IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES				
1. Printed Name of Eligible Si	gnatory 2. Signature of Eligible Signatory	3. Date Signed		
4. NMFS Person ID	NMFS Person ID 5. Indicate Type of Eligible Signatory			
	[] Quota Share Holder [] Processor Quota Share Ho	older [] Municipality		
AFFIDAVIT				
The signature above affirms that:				
Each eligible contract signatory has signed a master contract authorizing the completion of the application to request that NMFS exempt West designated IFQ and West designated IPQ for the Western Aleutian Golden king crab fishery from the West Region Delivery requirements, and				
♦ All information in this applic	All information in this application is true, correct, and complete to the best of his or her knowledge and belief.			
Note: If this application is completed by an authorized representative, attach documentation demonstrating authorization.				

IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES					
1. Printed Name of Eligible	Signatory	2. Signature of	Eligible Signatory	3. Date Signed	
4. NMFS Person ID	5. Indicate Typ	oe of Eligible Sign	natory		
	[] Quota	Share Holder	[] Processor Quota Share	Holder [] Municipality	
		AFFI	DAVIT		
The signature above affirms that	at:				
			athorizing the completion of the ern Aleutian Golden king crab f	application to request that NMFS ishery from the West Region	
♦ All information in this app	lication is true, co	rrect, and complete	to the best of his or her knowle	dge and belief.	
Note: If this application is com	pleted by an author	orized representativ	e, attach documentation demons	strating authorization.	
	IDENTIFICAT	ION OF ELIGIB	ELE CONTRACT SIGNATO	PRIES	
Printed Name of Eligible	Signatory	2. Signature of	Eligible Signatory	3. Date Signed	
4. NMFS Person ID	5. Indicate Typ	oe of Eligible Sign	natory		
	[] Quota	Share Holder	[] Processor Quota Share	Holder [] Municipality	
AFFIDAVIT					
The signature above affirms that	at:				
	FQ and West design			application to request that NMFS rab fishery from the West Region	
◆ All information in this application is true, correct, and complete to the best of his or her knowledge and belief.					
Note: If this application is completed by an authorized representative, attach documentation demonstrating authorization.					
IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES					
1. Printed Name of Eligible			Eligible Signatory	3. Date Signed	
1. Trimed Ivanic of Engine	Signatory	2. Signature of	Eligible Signatory	3. Date Signed	
4. NMFS Person ID	5. Indicate Typ	e of Eligible Sign	natory	·	
	[] Quota	Share Holder	[] Processor Quota Share	Holder [] Municipality	
		AFFI	DAVIT		
The signature above affirms that	at:				
	FQ and West design			application to request that NMFS rab fishery from the West Region	
♦ All information in this application is true, correct, and complete to the best of his or her knowledge and belief.					
Note: If this application is completed by an authorized representative, attach documentation demonstrating authorization.					

IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES					
1. Printed Name of Eligible	Signatory	2. Signature of El	ligible Signatory	3	. Date Signed
4. NMFS Person ID	5. Indicate Typ	e of Eligible Signa	tory	<u> </u>	
	[] Quota	Share Holder [] Processor Quota Share	Holder	[] Municipality
		AFFID	AVIT		
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◆ All information in this app	lication is true, co	rrect, and complete to	o the best of his or her knowle	edge and belie	ef.
Note: If this application is com	pleted by an autho	orized representative,	attach documentation demons	strating autho	orization.
	IDENTIFICAT.	ION OF ELIGIBL	E CONTRACT SIGNATO	PRIES	
1. Printed Name of Eligible	Signatory	2. Signature of El	ligible Signatory	3	. Date Signed
4. NMFS Person ID	-	e of Eligible Signa	•		
	[] Quota	Share Holder [] Processor Quota Share	Holder	[] Municipality
AFFIDAVIT					
The signature above affirms that	ıt:				
♦ Each eligible contract signatory has signed a master contract authorizing the completion of the application to request that NMFS exempt West designated IFQ and West designated IPQ for the Western Aleutian Golden king crab fishery from the West Region Delivery requirements, and					
♦ All information in this application is true, correct, and complete to the best of his or her knowledge and belief.					
Note: If this application is completed by an authorized representative, attach documentation demonstrating authorization.					
IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES					
1. Printed Name of Eligible		2. Signature of El			. Date Signed
4. NMFS Person ID	5. Indicate Typ	e of Eligible Signa	tory		
	[] Quota	Share Holder [] Processor Quota Share	Holder	[] Municipality
		AFFID	AVIT		
The signature above affirms that	ıt:				
◆ Each eligible contract signatory has signed a master contract authorizing the completion of the application to request that NMFS exempt West designated IFQ and West designated IPQ for the Western Aleutian Golden king crab fishery from the West Region Delivery requirements, and					
♦ All information in this application is true, correct, and complete to the best of his or her knowledge and belief.					
Note: If this application is completed by an authorized representative, attach documentation demonstrating authorization.					

	IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES					
1.	Printed Name of Eligible	Signatory	2. Signature of E	ligible Signatory	3. Date Signed	
4.	NMFS Person ID	5. Indicate Typ	e of Eligible Signa	ntory	<u> </u>	
		[] Quota	Share Holder [] Processor Quota Share H	Iolder [] Municipality	
			AFFIL	AVIT		
Th	ne signature above affirms tha	ıt:				
•	Each eligible contract signatory has signed a master contract authorizing the completion of the application to request that NMFS exempt West designated IFQ and West designated IPQ for the Western Aleutian Golden king crab fishery from the West Region Delivery requirements, and					
*	All information in this application is true, correct, and complete to the best of his or her knowledge and belief.					
No	Note: If this application is completed by an authorized representative, attach documentation demonstrating authorization.					
		IDENTIFICAT.	ION OF ELIGIBI	LE CONTRACT SIGNATOR	RIES	
1.	Printed Name of Eligible	Signatory	2. Signature of E	ligible Signatory	3. Date Signed	
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	[] Quota Share Holder [] Processor Quota Share Holder [] Municipality					
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No	ote: If this application is com	pleted by an autho	orized representative	, attach documentation demonstr	rating authorization.	

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, NOAA Fisheries Service (NMFS), 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 not confidential.

Instructions for Application for Exemption from WAG Delivery Requirements

The eligible contract signatories (see qualifications at §680.4(o)(2)(i)) may request that NMFS exempt West designated individual fishing quota (IFQ) and West designated individual processing quota (IPQ) for the Western Aleutian Islands golden king crab (WAG) fishery from the West Region Delivery requirements.

Note: An exemption from West regional delivery requirements is only valid for the remainder of the crab fishing year during which the application was submitted to and approved by NMFS.

Eligible Contract Signatories are:

- Quota Share (QS) holders: Any person or company that holds in excess of 20 percent of the West designated WAG QS at the time the contract was signed, or their authorized representative.
- Processor Quota Share (PQS) holders: Any person or company that holds in excess of 20 percent of the West designated WAG PQS at the time the contract was signed, or their authorized representative.
- Municipalities: designated officials from both the City of Adak and the City of Atka or an authorized representative

Each Eligible Contract Signatory must complete, sign, and date an Affidavit affirming that a master contract was signed to authorize the request for exemption from the West region delivery requirements for West designated IFQ and West designated IPQ for the WAG fishery at § 680.7(a)(2) and (a)(4). By signing the affidavit, the signatory affirms that all information is true, correct, and complete to the best of his or her knowledge and belief.

A completed application must be received and approved by NMFS before any person may use WAG IFQ or IPQ with a West regional designation outside of the West region during a crab fishing year.

The application is available on the NMFS Alaska region website (http://alaskafisheries.noaa.gov) or from NMFS at the address below. All information fields on the application must be accurately completed.

If NMFS approves this application, the effective date of the exemption is the date the application is approved by NMFS. Any delivery of WAG IFQ or IPQ with a West regional designation outside of the West region prior to the effective date of the exemption is prohibited under 680.7(a)(2) and (a)(4).

The completed application may be submitted to NMFS using any one of the following methods:

◆ <u>Mail</u>: Regional Administrator, NMFS

c/o Restricted Access Management Program,

P.O. Box 21668,

Juneau, AK 99802-1668; or

◆ <u>Fax</u>: 907-586-7354; or

♦ Hand delivery or carrier: NMFS,

Room 713, 709 West 9th Street,

Juneau, AK 99801

COMPLETING THE APPLICATION

Identification of Eligible Contract Signatories and Affidavit affirming master contract has been signed.

- 1. Printed Name and Signature of Eligible Signatory. By signing the affidavit, the signatory affirms that all information is true, correct, and complete to the best of his or her knowledge and belief. If the application is completed by an applicant's authorized representative, attach proof of authorization.
- 2. Date Signed
- 3. NMFS Person Identification Number
- 4. Indicate Type of Eligible Signatory