OMB Control No. 0648-0514 Expiration Date: 07/31/2017



Revised: 08/05/2014

Application for BSAI Crab HIRED MASTER (SKIPPER) PERMIT

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



This application is required for IFQ permit holders, including cooperatives, to authorize an IFQ Hired Master under the BSAI Crab Rationalization (CR) Program; it may also be used to delete such authorization.

- Submit a separate form for each vessel upon which the applicant's IFQ permit(s) is to be fished by the hired skipper(s).
- For a crab harvesting cooperative, the cooperative's Authorized Representative (designated agent) must submit this application.

BLOCK A – PURPOSE OF APPLICATION						
Add Authorized Hired Skip Delete Authorized Hired Skip		IFQ Permit(s) numb	pers for	which this authorization		
BLOCK B – IFQ PERMIT HOLDER (APPLICANT) INFORMATION						
1. Name of IFQ Permit Holder:			2. 1	NMFS Person ID:		
3. Name of Cooperative, if applicable:			4. C	Cooperative's NMFS ID:		
5. Name of Cooperative's Authorized Representative (Print): 6. Business Mailing Address: Permanent [] Temporary []						
7. Business Telephone Number:	8. Business	iness Fax Number:		9. Business E-Mail Address:		

BLOCK C – VESSI	EL UPON WHI	CH CRAB IFQ WILL B	E HARVESTED			
1. Vessel Name:		2. ADF&G Number:	3. USCG Official Number:			
4. Does the Crab IFQ Permit Holder hold an ownership interest of at least 10% in the named vessel?						
	YES [] NO []				
If NO , the applicant is not eligible to hire a skipper to harvest the crab authorized by the permit, and this application will be denied.						
If YES, attach a contemporary USCG Abstract of Title or Certificate of Documentation that demonstrates that the minimum ownership requirement has been satisfied with respect to the named vessel; no other documentation of ownership is satisfactory.						
5. If the Crab IFQ Permit Holder is a Crab Harvesting Cooperative, does a member of the cooperative hold an ownership interest of at least 10% in the named vessel?						
YES [] NO []						
If NO , the applicant is not eligible to hire a skipper to harvest the crab authorized by the permit, and this application will be denied.						
If YES, print name of cooperative member holding a vessel ownership interest of at least 10% in the named vessel						
Attach a contemporary USCG Abst no other documentation of ownershi		ertificate of Documentatio	n with respect to the named vessel;			
BLOCK D – IDENTIFICATION OF HIRED SKIPPER(s) (Complete a separate block for each Hired Skipper)						
1. Name of Hired Skipper:	1		NMFS Person ID:			
1. Name of fined oxipper.	2.	TOTAL D.				
3. Business Mailing Address: Permanent [] Temporary []						
4. Business Telephone Number:	5. Business Fax	Number: 6.	Business E-Mail Address:			
1. Name of Hired Skipper:			NMFS Person ID:			
3. Business Mailing Address: Permanent [] Temporary []						
4. Business Telephone Number:	5. Business Fax					

BLOCK E – APPLICANT SIGNATURE					
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 Applicant:	2. Date:				
3. Printed Name of Applicant: (Note: If completed by an authorized representative, attach authorization.):					

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 21 minutes 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, Attn:, 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 in the BSAI under 50 CFR 680, under 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. It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Instructions

APPLICATION FOR CRAB IFO HIRED MASTER (SKIPPER) PERMIT

GENERAL

A crab individual fishing quota (IFQ) Hired Master permit is issued on an annual basis and authorizes the individual identified on the permit to harvest and land IFQ crab for debit against the specified crab IFQ permit. Individual Fishing Quota (IFQ) permit holders, including cooperatives, must submit this application to authorize an IFQ Hired Master (Hired Skipper) under the BSAI Crab Rationalization regulations. It may also be used to delete such authorization.

If a Hired Master is harvesting IFQ, a legible copy of an IFQ Hired Master permit must be on board a vessel used to harvest IFQ crab at all times such crab are retained on board.

An individual who is issued a Crab IFQ Hired Master Permit must remain on board the vessel used to harvest IFQ crab during the crab QS fishing trip and at the landing site until all crab harvested under that permit are offloaded and the landing report for such crab has been completed.

Who Needs a Hired Master Permit?

- ♦ A separate application must be submitted for each vessel upon which the applicant's IFQ permit(s) is to be fished by a hired skipper.
- For a crab harvesting cooperative, an application for a Hired Master permit must be submitted by the cooperative's Authorized Representative (designated agent), as set out on the cooperative's IFQ application.
- ♦ Crab IFQ permits issued to non-individual Quota Share (QS) holders may only be legally fished if an individual IFQ Hired Skipper has been designated to fish such permit. RAM will not automatically provide a permit to the representative or the agent of non-individual QS Holders; therefore, Crab IFQ permit holders who are not individuals must designate a master to harvest their crab annual IFQ.

NOTE: Hired Master Permits may not be issued to harvest IFQ in the Captain/Crew (CVC, CPC) sectors.

Application forms and instructions are available on the NMFS Alaska Region web site at www.alaskafisheries.noaa.gov.

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 completed, submit application:

By mail to: 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

COMPLETING THE APPLICATION

BLOCK A – PURPOSE OF APPLICATION

Indicate whether you are adding an authorized Hired Skipper to fish your IFQ permit, or if you are deleting authority for a Hired Skipper.

Enter the IFQ Permit Number(s) for which the authorization applies.

BLOCK B – PERMIT HOLDER (APPLICANT) INFORMATION

- 1. Enter the permit holder's name
- 2. Enter NMFS Person ID
- 3-5. If the applicant is a crab harvesting cooperative, enter the cooperative's name, NMFS person ID, and the name of the cooperative's authorized representative.
 - 6. Enter the Applicant's business mailing address (and indicate whether it is permanent address or a temporary address)
- 7-9. Enter business telephone number, business fax number, and business e-mail address.

BLOCK C - VESSEL UPON WHICH CRAB IFQ WILL BE HARVESTED

- 1-3. Enter the name of the vessel, the vessel's Alaska Department of Fish and Game (ADF&G) vessel registration number, and the vessel's United States Coast Guard (USCG) documentation number.
 - 4. Indicate whether the crab IFQ permit holder holds an ownership interest of at least 10% in the vessel.
 - **If NO, STOP.** The applicant is not eligible to hire a skipper to harvest the crab authorized by the permit, and this application will be denied.
 - **If YES**, **attach** a contemporary USCG Abstract of Title or Certificate of Documentation that demonstrates that the minimum ownership requirement has been satisfied with respect to the named vessel; no other documentation of ownership is satisfactory.
 - 5. If the crab IFQ permit holder is a crab harvesting cooperative, indicate whether a member of the cooperative owns a minimum of 10% interest in the named vessel.
 - **If NO, STOP**. The applicant is not eligible to hire a skipper to harvest the crab authorized by the permit, and this application will be denied.
 - **If YES**, print name of cooperative member holding a vessel ownership interest of at least 10% in the named vessel.

Attach a contemporary USCG Abstract of Title or Certificate of Documentation with respect to the named vessel; no other documentation of ownership is acceptable.

BLOCK D - IDENTIFICATION OF HIRED SKIPPER(s)

Complete a separate block for each Hired Skipper

- 1-2. Enter the Hired Skipper's name and NMFS Person ID.
 - 3. Enter the Hired Skipper's business mailing address (and indicate whether it is a permanent address or a temporary address)
- 4-6. Enter the Hired Skipper's business telephone number, business fax number, and business e-mail address.

BLOCK E – APPLICANT SIGNATURE

Enter the printed name and signature of the applicant and date signed.