

**SUPPORTING STATEMENT**  
**ALASKA INDIVIDUAL FISHING QUOTAS FOR PACIFIC HALIBUT,**  
**SABLEFISH AND CRAB**  
**OMB CONTROL NO.: 0648-0272**

**INTRODUCTION**

The U.S. groundfish fisheries of the Gulf of Alaska (GOA) and the Bering Sea and Aleutian Islands management area (BSAI) in the exclusive economic zone (EEZ) off the coast of Alaska are managed by National Marine Fisheries Service (NMFS) under the authority of the Magnuson-Stevens Fishery Conservation and Management Act ([Magnuson-Stevens Act](#)), 16 U.S.C. 1801 *et seq.* The Fishery Management Plan for the Groundfish Fishery of the Bering Sea and Aleutian Islands and the Fishery Management Plan for Groundfish of the Gulf of Alaska were prepared by the North Pacific Fishery Management Council (Council) and are implemented by regulations at [50 CFR part 679](#). The domestic fishery for Pacific halibut off Alaska is managed by the International Pacific Halibut Commission as provided by the [Northern Pacific Halibut Act of 1982](#), 16 U.S.C. 773, *et seq.*

The Crab Rationalization (CR) Program is managed by NMFS under section 313(j) of the Magnuson-Stevens Act. The Fishery Management Plan for Bering Sea/Aleutian Islands King and Tanner Crabs was prepared by the Council and is implemented by regulations at 50 CFR parts 679 and [680](#).

The IFQ Program provides management measures for the commercial fisheries for king and tanner crabs and commercial fisheries that use fixed gear to harvest sablefish and Pacific halibut. The IFQ Program limits access to the halibut, sablefish, and crab fisheries to those persons holding quota share in specific management areas.

The IFQ Program is designed to provide economic stability to the commercial fisheries. Quota shares (QS) equate to individual harvesting privileges given effect on an annual basis through the issuance of IFQ permits. An annual IFQ permit authorizes the permit holder to harvest a specified amount of an IFQ species in a regulatory area. The specific amount (in pounds) is determined by the number of QS units held for that species, the total number of QS units issued for that species in a specific regulatory area, and the total amount of the species allocated for IFQ fisheries in a particular year.

Since the initial implementation of the halibut and sablefish IFQ programs in 1995, individuals have submitted numerous petitions to NMFS and the Council requesting the temporary transfer of IFQs for medical reasons. These individuals sought medical transfers due to the inability of IFQ holders to physically be onboard the vessel as IFQs were fished. NMFS was previously unable to implement a medical transfer program recommended by the Council due to legal constraints. The approach provided in this action would resolve the legal issues resulting from previous approaches.

This action adds the option to obtain an emergency medical transfer to the IFQ Program. In addition, the name of the collection is changed from “Individual Fishing Quotas for Pacific Halibut and Sablefish in the Alaska Fisheries” to “Alaska Individual Fishing Quotas for Pacific

Halibut, Sablefish and Crab.”

Current regulations require catcher vessel QS holders to be aboard the vessel during harvest and offloading of IFQ species with two exceptions. One exception occurs under limited circumstances when initial recipients of QS qualify to use hired masters. The second exception is when a QS holder experiences an emergency while at sea. QS Holders who experience a short-term medical condition that prevents them from fishing their IFQs have no ability to temporarily transfer those IFQs. Despite a prohibitive medical condition, QS holders generally must be aboard the vessel when fishing their QS. In the event of an injury or illness, fishermen who may not hire a master must either divest their QS or forego the economic benefits of their QS until they recover.

## A. JUSTIFICATION

### 1. Explain the circumstances that make the collection of information necessary.

The requirement for an individual IFQ card holder to be aboard the vessel during fishing operations and to sign the IFQ landing report may be waived under this provision for IFQ halibut or IFQ sablefish retained on the fishing trip during which the emergency occurred. The EMT applicant must demonstrate that he or she is unable to participate in the IFQ fishery for which he or she holds IFQ because of a severe medical condition that precludes participation; or because of a severe medical condition involving an immediate family member that requires the IFQ holder’s full time attendance. In order to qualify for an EMT, an applicant must possess one or more catcher vessel IFQ permits and must not qualify for a hired master exception.

### 2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.

#### a. Application for Emergency Medical Transfer (EMT)

To be eligible to receive an EMT, an individual halibut or sablefish QS holder must possess one or more catcher vessel IFQ permits and must not qualify for a hired master exception under § 679.41(i)(1). An individual may apply for an EMT by submitting a medical transfer application to NMFS, Alaska Region. If NMFS denies an application for an EMT, the applicant may appeal the denial according to existing appeal procedures found at § 679.43. A QS or IFQ holder who has received an approved EMT from NMFS may transfer his or her annual IFQ permit to an individual eligible to receive QS or IFQ.

An EMT shall be valid only during the calendar year for which the permit is issued. NMFS will not approve subsequent applications for EMTs based on the same medical condition unless the medical professional attests to a reasonable likelihood of recovery. NMFS will not approve an EMT if the applicant has received an EMT in any 2 of the previous 5 years for the same medical condition.

To obtain a medical transfer, an applicant would document his or her medical emergency by submitting an EMT application and attaching a medical professional’s affidavit. This affidavit

would describe the medical condition affecting the applicant and attest to the applicant's inability to participate in the IFQ fisheries. In the case of a medical condition involving a family member, the medical professional's affidavit would describe the necessity for the IFQ permit holder to tend to an immediate family member who suffers from the medical condition.

A medical transfer application may be obtained at [www.fakr.noaa.gov](http://www.fakr.noaa.gov) or by calling 1-800-304-4846. Completed applications must be mailed to:

NMFS, Alaska Region  
Restricted Access Management Program  
P.O. Box 21668  
Juneau, AK 99802-1668

This action could directly affect 3,350 halibut QS holders and 875 sablefish QS holders (total 4,225). Approximately 12 QS holders contact NMFS or the Council each year for information about medical transfers in the IFQ program. However, it is not possible to estimate how many QS holders did not contact NMFS or the Council, but would have requested a medical transfer if it were available. For the purpose of this analysis, 5 percent of the total QS holders (211) will be used.

The information requested in Block A is needed to determine eligibility of the 2 parties for the transfer to take place. Block B is merely a checklist and is included as a guide to ensure all items are included with the application. Block C information is needed to identify the person applying for the EMT and his or her eligibility. Block D information is needed to identify the person receiving the EMT transfer and his or her eligibility. Block E information is needed to identify the IFQ to be transferred. Blocks F and G information are needed to provide background information on the transfer. Block H information is needed to authenticate the medical emergency.

Blocks I and J information are need for certification of the individuals involved in the transfer. The IFQ Program was implemented to both maintain rigorous safeguards on use of fishing privileges for a public resource and to provide safeguards for program constituents. Use of notarized signatures is the best way for NMFS to ensure that only authorized persons are granted privileges so that NMFS may act in certainty with requests for program services or commercial transactions (for transfers). By employing this widely accepted means of unequivocally establishing the identity of submitters, this requirement removes ambiguity about whether constituents have specific knowledge of the terms and conditions of requested benefits

#### **Application for Emergency Medical Transfer (EMT)**

##### Block A

Indicate (YES or NO) whether Transferee (No Medical Condition) holds a Transfer Eligibility Certificate (TEC)

Indicate (YES or NO) whether Transferor (Medical Condition) qualifies for a hired master exception under 50 CFR 679.42(i)(1)

##### Block B – Attachments

Completed, signed, and notarized application

Copy of permit or QS Certificate

Declaration from certified medical professional

##### Block C – Transferor information (medical condition)

Full name, NMFS person ID, date of birth, and Social Security Number\* (required) or Tax ID

*\*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

Permanent business mailing, telephone number, FAX number, and e-mail address (if any)

Temporary mailing address may be provided, if appropriate

**Block D -- Transferee (no medical condition)**

Full name, NMFS person ID, date of birth, and Social Security Number or Tax ID

*\*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

Permanent business mailing address, telephone number, FAX number, and email address (if any)

Temporary mailing address may be provided, if appropriate

**Block E – Identification of IFQ to be transferred**

Whether the transfer is for halibut or sablefish IFQ

IFQ regulatory area

Number of units

Range of serial numbers for IFQ to be transferred

Actual number of IFQ pounds

Transferor (seller) IFQ permit number

Fishing year

**Block F – Transferor supplemental information**

Price per pound (including leases)

Total amount paid for the IFQ in the requested transaction including all fees

Primary source of financing for the transfer

**Block G – Transferee supplemental information**

Indicate how the IFQ was located (check one)

Indicate transferee's (buyer's) relationship to the transferor (seller) (check all that apply)

**Block H – Medical declaration**

(to be completed by a licensed medical doctor, advanced nurse practitioner, or primary community health aide)

Medical professional's full name

Business telephone, permanent business mailing address (number and street, city and state, zip code)

Type of medical professional

Description of the medical condition of applicant or affected family member

Documentation of the medical condition and a description of the care required

Signature and date signed of the medical professional

**Block I – Certification of transferor (seller)**

Signature, printed name, and date signed of transferor

Signature, seal or attest, and commission expiration date of a notary public

If authorized agent, attach authorization.

**Block J – Certification of transferee (buyer)**

Signature, printed name, and date signed of transferee

Signature, seal or attest, and commission expiration date of a notary public.

If authorized agent, attach authorization

<b>Emergency Medical Transfer Application, Respondent</b>	
Estimated number of respondents	211
<b>Total annual responses</b>	<b>211</b>
Number of responses per year = 1	
<b>Total Time burden</b>	<b>422</b>
Time requirement per response = 2 hr	
<b>Total personnel cost</b>	<b>\$10,550</b>
Cost per hour = \$25	
<b>Total miscellaneous cost</b>	<b>\$1,154</b>
Postage (0.37 x 211 = 78.07)	
Photocopy (0.05 x 2 x 211 = 21.10)	
Notary (\$5 x 211 = 1055)	

<b>Emergency Medical Transfer Application, Federal Government</b>	
<b>Total annual responses</b>	<b>211</b>
<b>Total Time burden</b>	<b>105</b>
Time requirement per response (30 min/60 min = 0.5)	
<b>Total personnel cost</b>	<b>\$2,625</b>
Cost per hour = \$25	
<b>Total miscellaneous cost</b>	<b>0</b>

## b. Letter of Appeal

The Regional Administrator will evaluate each EMT application. An applicant who fails to submit the information specified in the EMT application will be provided a reasonable opportunity to submit the specified information or submit a revised application. The Regional Administrator will prepare and send an Initial Administrative Determination (IAD) to the applicant if it is determined that the applicant failed to submit the specified information or a revised application. The IAD will indicate any deficiencies with the information provided or with the revised application.

An applicant who receives an IAD may appeal under the appeals procedures set out at § 679.43. For purposes of this analysis, 5 percent of those participants filing an EMT are estimated to file a letter of appeal.

<b>Letter of Appeal, Respondent</b>	
Estimated number of respondents	10
<b>Total annual responses</b>	<b>10</b>
Number of responses per year = 1	
<b>Total Time burden</b>	<b>40 hr</b>
Time requirement per response = 4 hr	
<b>Total personnel cost</b>	<b>\$1,000</b>
Cost per hour = \$25	
<b>Total miscellaneous cost</b>	<b>\$9</b>
Postage (0.37 x 2 = 0.74)	
Photocopy (0.10 x 2 = 0.20)	

<b>Letter of Appeal, Federal Government</b>	
<b>Total annual responses</b>	<b>10</b>
<b>Total Time burden</b>	
Time requirement for each appeal = 4 hr	<b>40</b>
<b>Total personnel cost</b>	<b>\$1,000</b>
Cost per hour = \$100	
<b>Total miscellaneous cost</b>	<b>0</b>

It is anticipated that the information collected will be disseminated to the public or used to support publicly disseminated information. As explained in the preceding paragraphs, the information gathered has utility. NOAA Fisheries will retain control over the information and safeguard it from improper access, modification, and destruction, consistent with NOAA standards for confidentiality, privacy, and electronic information. See response #10 of this Supporting Statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines. Prior to dissemination, the information will be subjected to quality control measures and a pre-dissemination review pursuant to Section 515 of Public Law 106-554.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.**

A “fillable” application is available at the NMFS Alaska Region Home Page at [www.fakr.noaa.gov](http://www.fakr.noaa.gov), for the participant to download, print, and mail or deliver to NMFS.

**4. Describe efforts to identify duplication.**

None of the information collected as part of this information collection duplicates other collections. This information collection is part of a specialized and technical program that is not like any other.

**5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.**

This collection of information does not impose a significant impact on small entities.

**6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.**

Without the specified reporting scheme described in this support statement, the program would be severely jeopardized. Because this action is intended to benefit the fishing industry under conditions of medical emergency, the real consequence of not conducting this program would be negative for the fishing industry.

**7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.**

No inconsistencies occur in this collection

**8. Provide a copy of the PRA Federal Register notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

The NMFS Alaska Region will submit a proposed rule, RIN 0648-AS84, coincident with this submission, requesting comments from the public.

**9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.**

No payment or gift will be provided under this program.

**10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.**

The information collected is confidential under the Magnuson-Stevens Act , 16 U.S.C. Sec. 1801, et seq. In addition, personal information collected is confidential under the Privacy Act, 5 U.S.C. Sec. 552(a), et seq. The Alaska Region Permits System of Records notice, published in the Federal Register on 3-3-05, will be updated to include the collection of medical information for this purpose.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.**

As authorized by the Debt Collection Improvement Act, 31 U.S.C. 7701, this information collection requires information of a private nature when the submitter is an individual. The Social Security Number (SSN) and date of birth are requested. This information is used to verify the identity of the applicant and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679. Both SSN and date of birth are used to distinguish among persons with the same name: to ensure that benefits are awarded and that landings and other program-related functions are credited and applied appropriately and in a manner that maintains confidentiality.

**12. Provide an estimate in hours of the burden of the collection of information.**

Total estimated unique respondents remain at 2,877. Total estimated responses: 38,494, up from 38,273. Total estimated burden hours: 16,212, up from 15,750. Total estimated personnel costs: \$642,200, up from \$640,650. Personnel labor costs are estimated to the average wage equivalent to a GS-9 employee in Alaska, including COLA, at \$25 per hour.

**13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in #12**

above).

Total estimated miscellaneous costs: \$44,500, up from \$43,337.

**14. Provide estimates of annualized cost to the Federal government.**

Total estimated burden hours: 7,982, up from 7,761. Total estimated personnel costs: \$185,025, up from \$181,450.

**15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB 83-I.**

The emergency medical transfer and associated appeal are results of a program change which increases responses, hours and miscellaneous costs.

Also, although current miscellaneous costs are listed at OMB as \$44,000, they should be rounded down, not rounded up, on the last action (merger of 0648-0517 into 0658-0272); the figure on the 83-C submitted was incorrect. Therefore, the current exact miscellaneous costs of \$43,337 do not match the current costs as documented by OMB. The exact requested costs are \$44,500, based on the correct current costs.

**16. For collections whose results will be published, outline the plans for tabulation and publication.**

The information collected will not be published.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.**

In accordance with OMB requirements, the control number and the expiration date of OMB approval are shown on the EMT application. If an appeal is filed, no form exists.

**18. Explain each exception to the certification statement identified in Item 19 of the OMB 83-I.**

No exceptions to the certification statement are requested.

**B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

This collection does not employ statistical methods.