

<p><b>Application for                  Rockfish Limited Access Fishery</b></p>	U.S. Dept. of Commerce/ NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax
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This application must be submitted annually and received by NMFS no later than 1700 hours A.l.t. on **March 1** of the year for which the applicant wishes to participate in a Rockfish limited access fishery, or if sent by U.S. mail, the application must be postmarked by that time.

<b>BLOCK A -- APPLICANT INFORMATION</b>		
1. Applicant name		2. NMFS person ID
		3. Tax ID or social security number* (required)
4. Permanent business mailing address		
5. Business telephone number	6. Business FAX number	7. e-mail address (if available)
8. Is applicant a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, enter date of birth _____  9. Is the applicant a U.S. corporation, partnership, association, or other business entity?  <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, enter date of incorporation: _____		
10. Is applicant an Eligible Rockfish Harvester? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. Is applicant participating in the Rockfish Limited Access Fishery? <input type="checkbox"/> YES <input type="checkbox"/> NO		

\*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.

<b>BLOCK B -- VESSEL IDENTIFICATION</b>			
Vessel Name	ADF&G No.	USCG No.	LLP License No.

**BLOCK C -- LLP HOLDERSHIP DOCUMENTATION**

Enter the names of all persons, to the individual person level, holding an ownership interest in the LLP license and the percentage ownership each person and individual holds in the LLP license assigned to the Rockfish Limited Access Fishery.

Name	% Ownership in LLP License

**BLOCK D -- 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 is true, correct, and complete.

1. Signature of Applicant (or Authorized Representative)	2. Date
3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization	

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**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, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, 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 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 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 for Application for  
**Limited Access Rockfish Fishery**

This application must be submitted annually and received by NMFS no later than 1700 hours A.l.t. on **March 1** of the year for which the applicant wishes to participate in a Rockfish limited access fishery, or if sent by U.S. mail, the application must be postmarked by that time.

Eligible Rockfish Harvester

A person is eligible to participate in the Rockfish Program as an Eligible Rockfish Harvester if that person:

    Holds a permanent fully transferable LLP license endorsed for Central Gulf of Alaska groundfish with a Legal Rockfish Landing of any Primary Rockfish Species attributed to that LLP license at the time of Application to Participate in the Rockfish Program; and

    Submits a timely Application to Participate in the Rockfish Program that is approved by NMFS;

Eligible Rockfish Processor

A person is eligible to participate in the Rockfish Program as an Eligible Rockfish Processor if that person:

    Holds the processing history of a shoreside processor or stationary floating processor that received at least 250 metric tons in round weight equivalent of aggregate Legal Rockfish Landings of Primary Rockfish Species each calendar year in any four of the five calendar years beginning 1996 through 2000 during the season dates for that Primary Rockfish Species as established in Table 28 to part 679;

    Submits a timely Application to Participate in the Rockfish Program that is approved by NMFS; and

    That person or his successor-in-interest exists at the time of Application to Participate in the Rockfish Program.

The Rockfish Program Fishery – Limited Access Fishery is authorized from 1200 hours, A.l.t., July 1 through 1200 hours, A.l.t., November 15. The fishery closes once the allocation is met or exceeded. If the annual catch amount assigned to the fishery is small, and forecast harvest rate is high, NMFS may not open a limited access fishery if it is likely that participants in the limited access fishery would exceed their allocation.

Type or print legibly in ink; retain a copy of completed application for your records. Completed forms should be mailed or faxed to:

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

**FAX: (907) 586-7354**

If you need additional information, contact Restricted Access Management at

**(800) 304-4846 (#2) or (907) 586-7202 (#2).**

**Please allow at least 10 working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

**BLOCK A. APPLICANT INFORMATION**

Applicant's name and NMFS person ID

Tax ID or social security number\* (required)

Permanent business mailing address, business telephone number, fax number, and e-mail address (if available);

*\*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.*

Indicate (YES or NO) whether applicant is a U.S. citizen; if YES, enter date of birth.

Indicate (YES or NO) whether applicant is a U.S. corporation, partnership, association, or other business entity; if YES, enter date of incorporation.

Indicate (YES or NO) whether the applicant is an Eligible Rockfish Harvester;

Indicate (YES or NO) whether the applicant is participating in the Rockfish Limited Access Fishery;

**BLOCK B. VESSEL INFORMATION**

Name, Alaska Department of fish and Game (ADF&G) vessel registration number, and United States Coast Guard (USCG) documentation number of the vessel

License Limitation Program (LLP) license number(s) held by the applicant and used on that vessel.

**BLOCK C. LLP HOLDERSHIP**

Names of all persons, to the individual level, holding an ownership interest in the LLP

Percentage ownership each person and individual holds in the LLP.

**BLOCK D. APPLICANT SIGNATURE AND DATE**

Signature of applicant and date signed

Printed name of applicant (or authorized representative); if representative, attach authorization