

**Application for
 Inter-Cooperative Transfer of CQ
 Rockfish Fishery**

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

BLOCK A -- IDENTIFICATION OF TRANSFEROR

Applicant must be a U.S. corporation, partnership, association, or other business entity.

1. Name of Rockfish Cooperative		2. NMFS person ID
3. Name of authorized representative		
4. Permanent business mailing address		5. Temporary business mailing address (if appropriate)
6. Business telephone number	7. Business FAX number	8. E-mail address (if available)

BLOCK B -- IDENTIFICATION OF TRANSFEREE

1. Name of Transferee (Rockfish Cooperative)		2. NMFS person ID
3. Name of authorized representative		
4. Permanent business mailing address		5. Temporary business mailing address (if appropriate)
6. Business telephone number	7. Business FAX number	8. E-mail address (if available)

BLOCK C -- IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER <i>(to whose use cap the Rockfish Cooperative CQ will be applied and the amount of CQ applied to each member for purposes of applying use caps established under the Rockfish Program.)</i>		
1. Name	2. NMFS person ID	Amount of CQ Applied

BLOCK D -- CQ TO BE TRANSFERRED		
Identify the type and amount of Primary Species, Secondary Species, or Rockfish Halibut PSC CQ to be transferred.		
Type	Amount (lb or mt, indicate which)	Species to be Transferred

BLOCK E -- CERTIFICATION OF TRANSFEROR	
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	
4. Signature of Eligible Rockfish Processor (associated with Cooperative)	5. Date
6. Printed Name of Eligible Rockfish Processor	

BLOCK F -- CERTIFICATION OF TRANSFEREE	
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	
4. Signature of Eligible Rockfish Processor (associated with Cooperative)	5. Date
6. Printed name of Eligible Rockfish Processor	

Instructions
Application for Inter-Cooperative Transfer
Rockfish Fishery

A Rockfish Cooperative may transfer all or part of its CQ to another Rockfish Cooperative. This transfer requires the submission of an Application for Inter-Cooperative Transfer to NMFS. Once NMFS issues an annual catch amount to a cooperative, it may be fished by members of the cooperative or transferred to another cooperative. However, a cooperative in the catcher vessel sector may not transfer an annual catch amount to a cooperative in the catcher/processor sector.

This transfer of an annual catch amount is only valid during the calendar year of the transfer. A cooperative may only transfer or receive by transfer an annual catch amount if the cooperative:

- ◆ Notifies NMFS. A transfer is not effective until NMFS has been notified and NMFS has sent confirmation to the transferor and the transferee.
- ◆ Identifies the amount and type or annual catch amount transferred and the cooperative and cooperative member to which that annual catch amount is transferred. An annual catch amount received by a cooperative has to be attributed to a member of that cooperative to apply the use caps.
- ◆ Ensures that any transfer does not cause the receiving cooperative to exceed its use cap limitations.

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.

A complete transfer of catch history or halibut PSC allocation issued to a Rockfish Cooperative requires that the following information be provided to NMFS:

BLOCK A -- IDENTIFICATION OF TRANSFEROR (BUYER).

- Name and NMFS Person ID
- Name of designated representative
- Permanent business mailing address (and temporary mailing address, if appropriate)
- Business telephone number, fax number, and e-mail address (if available)

BLOCK B -- IDENTIFICATION OF TRANSFEREE (SELLER)

Name and NMFS Person ID
Name of designated representative
Permanent business mailing address (and temporary mailing address, if appropriate)
Business telephone number, fax number, and e-mail address (if available)

BLOCK C -- IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER.

Name and NMFS person ID of the member to whose use cap the Rockfish Cooperative
CQ will be applied.
Amount of CQ applied

BLOCK D – CQ TO BE TRANSFERRED

Identify the type and amount (lb or mt, indicate which) of primary species, secondary species,
or rockfish halibut PSC CQ to be transferred.

BLOCK E -- CERTIFICATION OF TRANSFEROR

Signature and printed name of transferor and date signed; if representative, attach authorization
Signature and printed name of Eligible Rockfish Processor (associated with Cooperative) and
date signed

BLOCK F - CERTIFICATION OF TRANSFEREE

Signature and printed name of transferee and date signed; if representative, attach authorization
Signature and printed name of Eligible Rockfish Processor (associated with Cooperative) and
date signed

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.
