



**APPLICATION FOR
ELIGIBILITY
TO RECEIVE QS/IFQ**

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



THIS IS A TWO-PAGE APPLICATION. THE FIRST PAGE IS FOR THE APPLICANT'S PERSONAL INFORMATION AND NOTARIZED SIGNATURE. PAGE TWO IS FOR THE APPLICANT'S FISHING HISTORY. PLEASE MAKE COPIES OF PAGE TWO IF MORE SPACE IS NEEDED TO DOCUMENT THE APPLICANT'S PARTICIPATION OF AT LEAST 150 DAYS IN U.S. COMMERCIAL FISHERIES.

BLOCK A - APPLICANT INFORMATION (TYPE OR PRINT)

1. Name (full name):	2. NMFS Person ID:	3. Date of Birth:
4. SSN (required) or Tax ID:		
5. Permanent Business Address:		6. Temporary Business Mailing Address (see instructions):
7. Home Phone:	8. Business Phone:	9. Business Fax:
10. Are you a U.S. Citizen or U.S. Corporation, Partnership, or Association of Business Entity? Yes [] No [] IF NO, STOP HERE, you are not eligible to receive QS/IFQ by transfer.		

BLOCK B - FREEZER SHARES

Is this TEC intended for an Entity that wishes to buy or lease Category A Quota Shares only?

Check One: Yes [] No []

If Yes and you are a corporation, partnership, or other non-individual entity, please complete a Quota Share Holder: Identification of Ownership Interest form.

BLOCK C - NOTARY CERTIFICATION

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant (or Authorized Agent):	2. Date:
3. Printed Name of Applicant (or Authorized Agent) (Note: If this is completed by an agent, attach agent authorization.):	
4. Notary Public Signature: ATTEST	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

BLOCK D - COMMERCIAL FISHING EXPERIENCE		
1. Species (one per block):	2. Gear Type:	3. Location:
4. Date From: (MMYY)		5. Date To: (MMYY)
6. Number of Actual Days Spent Harvesting Fish:		
7. Duties Performed While Directly Involved in the Harvesting of Fish (BE SPECIFIC):		
8. Vessel Name:		9. ADF&G or Coast Guard Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (person other than yourself):		13. Reference's Relationship to You:
14. Reference's Business Mailing Address:		
15. Reference's Business Phone Number:		
BLOCK E - COMMERCIAL FISHING EXPERIENCE - CONTINUED		
1. Species (one per block):	2. Gear:	3. Location:
4. Date From: (MMYY)		5. Date To: (MMYY)
6. Number of Actual Days Spent Harvesting Fish:		
7. Duties Performed While Directly Involved in the Harvesting of Fish (BE SPECIFIC):		
8. Vessel Name:		9. ADF&G or Coast Guard Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (person other than yourself):		13. Reference's Relationship to You:
14. Reference's Business Mailing Address:		
15. Reference's Business Phone Number:		



**INSTRUCTIONS FOR THE
APPLICATION FOR ELIGIBILITY
TO RECEIVE QS/IFQ**

Those who wish to receive QS/IFQ by transfer but did not have QS initially awarded to them must submit this application for approval. Only those who have 150 or more days of experience working as part of a harvesting crew in any U.S. commercial fishery are eligible to receive a Transfer Eligibility Certificate (TEC). Work in support of harvesting but not directly related to it is not considered harvesting crew work. For example, experience as an engineer, cook, or preparing a vessel for a fishing trip does not satisfy the requirement.

Type or print legibly in ink and retain a copy of completed application for your records. **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.

Mail the completed application form to:

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

If you need additional information, call Restricted Access Management (RAM) at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

BLOCK A - APPLICANT INFORMATION

1. Name: Full name as it should appear on the certificate.
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. Date of Birth: Enter date of birth.
4. SSN (required) or TAX ID:

Privacy Act Statement: 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.

5. Permanent Business Address: Enter permanent mailing address, including street or P.O. Box, city, state, and zip code
6. Temporary Mailing Address: Enter the address you want the TEC documentation sent to if somewhere other than your permanent address. Include street or P.O. Box, city, state, and zip code.
- 7-9. Home Phone, Business Phone, Facsimile (FAX): Enter the numbers including the area codes.
10. Are You a U.S. Citizen or a U.S. Corporation, Partnership, or Association of Business Entity? **If No, Stop Here**, you are not eligible to receive QS/IFQ by transfer. **If Yes**, and you are a corporation, partnership or other non-individual entity, please complete a Quota Share Holder: Identification of Ownership form. You can download this form from our Internet web site at **<http://www.fakr.noaa.gov>**, or you may call RAM at one of the numbers listed above and request the form be mailed or faxed to you.

BLOCK B - FREEZER SHARES

If you are a person wishing to lease or purchase Freezer Vessel (Category A) Quota Shares ONLY, check "Yes."

If you are a corporation, partnership, or other non-individual entity you also must complete a Quota Share Holder: Identification of Ownership Interest form. You can download this form from our Internet web site at: <http://www.fakr.noaa.gov>, or you can call RAM at one of the numbers listed on the previous page and request the form be mailed or faxed to you. *Note: You may be required to submit further evidence of eligibility, i.e., that you are the type of entity that would have been eligible to document a vessel under U.S. laws in effect in 1988, 1989, and 1990.*

BLOCK C - NOTARY CERTIFICATION

- 1-3. Sign, Print, and Date the application in the presence of a Notary Public. As a result of this requirement, **we cannot process faxed applications**. Representatives acting on behalf of an applicant must supply proof of agent authorization to submit this application on the applicant's behalf.
- 4-6. A Notary Public must Attest (sign) and affix his/her Notary Stamp. The Notary Public cannot be completed by the person submitting this application.

BLOCKS D & E - COMMERCIAL FISHING EXPERIENCE

Note: If you need additional space to provide your commercial fishing experience, copy the second page of the application prior to completing these blocks.

1. Species: Enter any targeted species in a U.S. commercial fishery (enter **only one fishery per block**).
2. Gear Type: Enter any gear type used to legally harvest in a U.S. commercial fishery.
3. Location: Enter actual regulatory, statistical, or geographic harvesting location.
4. Date From: Enter starting date (including Month and Year)
5. Date To: Enter ending date (including Month and Year)
6. Number of Actual Days Spent Harvesting Fish: Enter **total days actually spent doing harvesting work during the claimed period in questions 4 and 5**.
7. Duties Performed While Directly Involved in the Harvesting of Fish: List or describe your duties as a member of a harvesting crew for the claimed period in questions 4 and 5.
8. Vessel Name: Enter the registered name of the vessel upon which above duties were performed.
9. ADF&G or Coast Guard Number: Enter the ADF&G number or the Coast Guard number of the vessel listed in number 8.
10. Vessel Owner: Enter the name of the individual(s) or corporation(s) whose name is listed on the vessel ownership papers.
11. Vessel Operator: Enter the name of the person (may be yourself) in charge of operating the vessel.
12. Reference Name: Enter the name of a person (other than yourself) who is able to verify the above experience.
13. Reference's Relationship to You: Enter your reference's relationship to you.
14. Reference's Business Mailing Address: Enter your reference's business mailing address, including street or P.O. Box number, city, state, and zip code.
15. Reference's Business Phone Number: Enter your reference's business phone number, including the area code.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this 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 (16 U.S.C. 1801, et seq.). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.
