
	<p align="center"><b>APPLICATION FOR TRANSFER OF QS/IFQ TO OR FROM A COMMUNITY QUOTA ENTITY</b></p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service <b>Restricted Access Management (RAM)</b> P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free/ 586-7202 in Juneau (907) 586-7354</p>	
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**BLOCK A – GENERAL REQUIREMENTS**

- This form may only be used if a Community Quota Entity (CQE) is the proposed transferor (“seller”) or the proposed transferee (“buyer”) of the Quota Share (QS) or Individual Fishing Quota (IFQ); if that is not the case, a different RAM form must be used;
- The party to whom a CQE is seeking to transfer the QS/IFQ must hold a Transfer Eligibility Certificate (TEC) issued by RAM;
- If the CQE is applying to permanently transfer QS, a representative of the community on whose behalf the QS is held must sign the application.

**BLOCK B – IDENTIFICATION OF PROPOSED TRANSFEROR (“SELLER” OR “LESSOR”)**

1. Name:	2. NMFS Person ID:
3. Date of Birth:	4. SSN or Tax ID*:
5. Name of Community represented by the CQE:	
6. Permanent Business Mailing Address:	7. Temporary Business Mailing Address (see instructions):
8. Home Telephone:	10. Fax:
9. Business Telephone:	11. E-mail address:

**BLOCK C – IDENTIFICATION OF PROPOSED TRANSFEREE (“BUYER” OR “LESSEE”)**

1. Name:	2. NMFS Person ID:
3. Date of Birth:	4. SSN or Tax ID*:
5. Name of Community represented by the CQE:	
6. Permanent Business Mailing Address:	7. Temporary Business Mailing Address (see instructions):
8. Home Telephone:	10. Fax:
9. Business Telephone:	11. E-mail Address:

**SSN or Tax ID:** The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of the taxpayer identification (Social Security number or Tax Identification number) 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.

**BLOCK D -- QUESTIONS FOR TRANSFEREE ("BUYER" OR "LESSEE")**

1. Do you request that this QS be included in a **sweep up**, if possible?      Yes [ ]      No [ ]

If yes, list the identifier on the QS Certificate into which this new piece should be combined  
(Example H-2C-B-B-123,456,789 through H-2C-B-B-123,458,789)

From: \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_\_\_ to \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_\_\_

(**Reminder:** For sweep-up, attach the original QS Certificates of both the transferor and the transferee)

2. If this is a transfer of Catcher Vessel CDQ Compensation QS and the vessel category has never been declared, check the Catcher Vessel Category in which you would like to have your QS issued.

[ ] **"D"** (0' to 35' Length Over All)    [ ] **"C"** (35' to 60' Length Over All)    [ ] **"B"** (greater than 60' Length Over All)

**BLOCK E -- IDENTIFICATION OF QS/IFQ TO BE TRANSFERRED**

**(Complete Block F if QS and IFQ are to be transferred together or if you are applying to transfer QS only)**

1. Quota Share to be transferred:      Total QS Units: \_\_\_\_\_

Designation of QS, as shown on the QS Certificate:

From: \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_\_\_ to \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_\_\_

2. Are all remaining pounds for the current fishing year to be transferred?      Yes [ ]      No [ ]

If **NO**, specify the number of pounds to be transferred: \_\_\_\_\_

- Notes:**
- Pounds transferred includes a pro-rata share of any overage based on the QS units held or transferred and is non-negotiable.
  - Pounds transferred includes a pro-rata share of any underage based on the QS held or transferred UNLESS OTHERWISE INSTRUCTED

**BLOCK F -- TRANSFER OF IFQ ONLY ("LEASE" OF IFQ)**

**(Pertains only to proposed transfers from CQEs to qualifying community members)**

1. Identification of IFQ to be transferred: Permit Number: \_\_\_\_\_; Year: 20\_\_\_\_.

2. Identification of IFQ to be transferred: Permit Number: \_\_\_\_\_; Year: 20\_\_\_\_.

3. Community to which QS are currently assigned:

**BLOCK G - REQUIRED SUPPLEMENTAL INFORMATION**

**(To be completed by proposed transferor, if a CQE)**

1. Indicate the reason(s) you are proposing this transfer (check all that apply and provide a brief explanation on a separate sheet):

CQE Management and Administration      [ ]      Participation by Community residents      [ ]

Fund additional QS purchase      [ ]      Dissolution of Community Quota Entity      [ ]

Other (Specify)      [ ]

**BLOCK H – REQUIRED SUPPLEMENTAL INFORMATION**  
*(To be completed by proposed transferor)*

1. Give the price per pound (including leases) \$ \_\_\_\_\_ /#of IFQ (Price divided by IFQ pounds) Including fees

Give the price per unit of QS \$ \_\_\_\_\_ /Unit of QS (Price divided by QS Units)

2. What is the **total amount** being paid for the QS/IFQ in this transaction, including all fees? \_\_\_\_\_

3. Is there a broker being used for this transaction?  Yes  No

If **yes**, how much is being paid in brokerage fees? \$ \_\_\_\_\_ or \_\_\_\_\_ % of total price.

4. What are your reasons for transferring the QS/IFQ? (check all that apply)

Retirement from fisheries  Shares too small to fish  Consolidation of shares

Pursue non-fishing activities  Trading shares  Other (please explain)

Health problems  Enter other fisheries

**BLOCK I -- REQUIRED SUPPLEMENTAL INFORMATION**  
*(To be completed by proposed transferee)*

1. Will the QS/IFQ being purchased have a lien attached?  Yes  No

2. If “yes,” please identify the person who will hold the lien: \_\_\_\_\_

3. What is the primary source of financing for this transfer (check one)?

Personal resources (cash)  AK Com. Fish & Ag. Bank  Received as a gift

Private bank/credit union  Transferor/seller  NMFS loan program

Alaska Dept. Of Commerce  Processor/fishing company  Other (explain)

4. How was the QS/IFQ located (check all that apply)?

Relative  Advertisement/public notice  Broker

Personal friend  Other (explain)

5. What is the your relationship to the Transferor (check all that apply)?

No relationship  Business partner  CQE Community Member

Other (please explain)

6. Is there an agreement to return the QS or IFQ to the Transferor (seller), or any other person, or a condition placed on resale?  Yes  No

If “Yes,” please explain:

**CERTIFICATION -- PROPOSED TRANSFEROR ("SELLER" OR "LESSOR")**

**Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.**

1. Signature of proposed transferor or authorized agent:

2. Date:

3. Printed name of proposed transferor or authorized agent  
**(Note: If an agent, authorization must be attached):**

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

**CERTIFICATION -- PROPOSED TRANSFEREE ("BUYER" OR "LESSEE")**

**Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete. Also, if I am only receiving IFQ, I further swear, or affirm, that I am a permanent resident of the community (listed in Block F) on whose behalf the CQE is proposing to transfer the IFQ, that I have been a resident for at least 12 months, and that I intend to remain a resident.**

1. Signature of proposed transferee or authorized agent:

2. Date:

3. Printed name of proposed transferee or authorized agent  
**(Note: If application has been completed by an agent, authorization must be attached):**

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

**ADDITIONAL CERTIFICATION -- CQE COMMUNITY REPRESENTATIVE  
(Required only when CQE proposes to permanently transfer Quota Share)**

**I am a duly authorized representative of the community (listed in Block C or Block D) on whose behalf the CQE is proposing to transfer QS; by my signature below, I attest that the applicant CQE has the approval of our community to complete this permanent QS transfer, for the reasons set out on this application.**

1. Signature of Community Representative:

2. Date:

3. Printed name and title Community Representative

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

Commission Expires:

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### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting 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 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, 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 104(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.

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