
 <p style="text-align: center;"><b>APPLICATION FOR IFQ/CDQ LANDING CARD</b></p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management Program P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p> 
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**BLOCK A  
PURPOSE OF APPLICATION**

Add Cardholder [ ]      Delete Cardholder [ ]      Indicate permit(s) to which this action applies:

Sablefish Permit Number _____ Category A   B   C   D	Halibut Permit Number _____ Category A   B   C   D
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**BLOCK B  
PERMIT HOLDER INFORMATION**

1. Name of <b>IFQ Permit</b> Holder:	2. NMFS Person ID:	
3. SSN (optional) or TAX ID:	4. Business Mailing Address: Permanent [ ]    Temporary [ ]	
5. Home Phone:	6. Business Phone:	7. Fax:

**BLOCK C  
IDENTIFICATION OF VESSEL UPON WHICH IFQ/CDQ HALIBUT OR SABLEFISH WILL BE FISHED**

1. Vessel Name:	2. LOA:	3. ADF&G Number:	4. USCG Number:
5. Does the IFQ Permit Holder hold an ownership interest of at least 20% in the named vessel?    Yes [ ]    No [ ]			

**NOTE: TO DEMONSTRATE PERCENT OF VESSEL OWNERSHIP BY IFQ PERMIT HOLDER, A COPY OF THE COAST GUARD ABSTRACT OF TITLE OR CERTIFICATE OF DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION!**

**BLOCK D  
CARD HOLDER INFORMATION  
(If you have more than one card holder, use the additional card holder sections below)**

1. Name of <b>Full name of Card</b> Holder:	2. NMFS Person ID (if any):	
3. SSN (optional) or TAX ID:	4. Date of Birth:	
5. Business Mailing Address: Permanent [ ]    Temporary [ ]		
6. Home Phone:	7. Business Phone:	8. Fax:





## INSTRUCTIONS Application for IFQ/CDQ Landing Card

### *GENERAL INSTRUCTIONS*

This application must be used to obtain Pacific halibut and sablefish Individual Fishing Quota/Community Development Quota (IFQ/CDQ) cards for hired skippers where authorized under regulations at 50 CFR Part 679; and to obtain cards for halibut CDQ fishing. A separate application must be completed for **each vessel and IFQ or CDQ permit number**.

- Type or print information legibly in ink and retain a copy of completed application for your records.
- Mail completed forms and proof of vessel ownership to: **NMFS Alaska Region, Restricted Access Management, P.O. Box 21668, Juneau, AK 99802-1668. Or 709 West 9<sup>th</sup> Street, Room 713, Juneau, AK 999801**
- If you need additional information, call Restricted Access Management (RAM) 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 to the hired skipper's permanent address, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.**

### *PROGRAM REQUIREMENTS*

- IFQ permit holders who are not individuals **MUST** designate a skipper to fish their IFQ or obtain a card to access their account. RAM will not automatically send a card to the representative or the agent of non-individual quota share (QS) holders.
- With few exceptions, persons holding catcher vessel QS/IFQ hiring skippers must own (either directly or indirectly) at least 20 percent of the vessel upon which their hired skipper will fish the IFQ. Proof of vessel ownership is required to be submitted each year.
- Category "A" (freezer vessel) permit holders do not need to send proof of vessel ownership but **MUST** provide the vessel information requested in Block C.
- CDQ permit holders are not required to provide the vessel information requested in Block C.
- **Individual IFQ holders may not designate a skipper to harvest IFQ in Regulatory Areas 2C (for halibut) or SE (for sablefish).**

## ***INSTRUCTIONS FOR COMPLETING FORM***

### ***BLOCK A - PURPOSE OF APPLICATION***

- Check the appropriate box to designate your purpose for submitting this application.
- Sablefish or Halibut Permit Number & Category - Use the appropriate box to designate the species for which you wish to hire a skipper and circle the QS Vessel Category. Halibut and Sablefish permit numbers appear on IFQ fishing permits.

### ***BLOCK B - PERMIT HOLDER INFORMATION***

1. Name of IFQ Permit Holder - Name as it appears on your QS certificate or IFQ permit.
2. NMFS Person ID - The number assigned to the permit holder by RAM.
3. SSN or Tax ID

**Privacy Act Statement:** Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

4. Business Mailing Address - Include street or P.O. Box, city, state, and zip code. If you choose Permanent Address, we will update the official RAM database. If you choose Temporary Address, we will use it for this one application and we will not make any changes to the RAM database.
- 5-7. Phone, Fax and E-mail - Home phone, business phone, fax numbers, and E-mail where the permit holder or the authorized representative can be reached, including area codes.

### ***BLOCK C - IDENTIFICATION OF VESSEL UPON WHICH IFQ/CDQ HALIBUT WILL BE FISHED***

1. Name of the vessel on which the hired skipper will be fishing your IFQs.
2. Length overall of the vessel.
3. ADF&G number of the vessel.
4. Official USCG number of the vessel.
5. State whether or not you own 20 percent of the vessel identified in this block. With few exceptions, a minimum of 20 percent ownership in the vessel is required in order to hire a skipper to fish your IFQ.

**You must submit a current copy of USCG Abstract of Title or Documentation demonstrating the percentage of the permit holder's ownership interest in the named vessel.** A current copy of the USCG Abstract of Title or Documentation can be obtained by contacting the USCG National Vessel Documentation Center at 2039 Stonewall Jackson Drive, Falling Waters, WV 25419 or by telephone at (800) 799-8362 or (304) 271-2400. Category "A" (freezer vessel) and CDQ permit holders must supply the vessel information requested in Block C, but do not need to send proof of vessel ownership.

#### ***BLOCK D - CARD HOLDER INFORMATION***

Complete each section for each cardholder you are requesting to have an IFQ landing card. **NOTE: CDQ permit holders may attach to this application a list of requested landing cardholders.** The list **MUST** include the full name, address, and date of birth of each of the individuals listed.

1. Name of Card Holder - Name of the cardholder as you wish it to appear on the IFQ permit card.
2. NMFS Person ID - The number assigned to you by RAM.
3. SSN or Tax ID - See Privacy Act Statement above.
4. Date of Birth - Date of birth of the cardholder.
5. Business Mailing Address - Include street or P.O. Box, city, state, and zip code. If you check Permanent Address, we will update the official RAM database. If you choose Temporary Address, we will use it for this one application and there will not be any changes to the RAM database. **Items will be sent by first class mail to the IFQ cardholder's permanent address** unless you provide alternate instructions. CDQ landing cards will be sent to the CDQ corporation.
- 6-8. Phone, Fax and E-mail - Home phone, business phone, fax numbers and E-mail where cardholder can be reached, including area code.

#### ***BLOCK E - CERTIFICATION OF PERMIT HOLDER AND NOTARY***

- 1-2. Sign, print, and date the application in the presence of a Notary Public. As a result of this requirement, **we cannot process faxed applications.**
6. Representatives of permit holders must submit proof of authorization signed by the permit holder to submit this application on their behalf.
- 4-6. A Notary Public other than the applicant must Attest (to certify in an official capacity by signature or oath) and affix Notary Stamp.

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#### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 0.5 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 estimate or any other aspect of this collection of information, 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.

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