
 <p><b>APPLICATION FOR REPLACEMENT OF CERTIFICATES, PERMITS, OR CARDS</b></p>	<p>U.S. Department of Commerce/NOAA Fisheries 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</p>	
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<b><i>BLOCK A—IDENTIFICATION OF APPLICANT</i></b>	
1. Name:	2. NMFS Person ID:
3. Date of Birth:	4. SSN* or Tax ID:
5. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
6. Business Telephone Number:	7. Business Fax Number:
* <i>Privacy Act Statement:</i> Where the requested information is a Social Security Number, disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.	
<b><i>BLOCK B—REPLACEMENT REQUEST (check only those items that apply)</i></b>	
<b><i>Part I—BSAI Crab Permits and Scallop Permits</i></b>	
<input type="checkbox"/> <b>Crab QS Report:</b> Units _____ Fishery _____ Is this QS Report requested for a pending QS/IFQ transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>Crab PQS Report:</b> Units _____ Fishery _____ Is this QS Report requested for a pending QS/IFQ transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>Crab Annual IFQ Fishing Permit:</b> Permit Number _____	
<input type="checkbox"/> <b>Crab Annual IPQ Fishing Permit:</b> Permit Number _____	
<input type="checkbox"/> <b>Registered Crab Receiver:</b> Permit Number _____	
<input type="checkbox"/> <b>Crab Federal Vessel Permit:</b> Permit Number _____ Vessel ADF&G Number _____	
<input type="checkbox"/> <b>Crab IFQ Hired Master Permit:</b> Permit Number _____ Skipper Name _____ Skipper NMFS _____ (Application to be completed and signed by permit holder)	
<input type="checkbox"/> <b>Crab QS or PQS Transfer Eligibility Certificate</b>	
<input type="checkbox"/> <b>Crab License Limitation License (LLP):</b> License Number _____	
<input type="checkbox"/> <b>Scallop License Limitation License (SLLP):</b> License Number _____	

***PART II—Pacific Halibut and Sablefish IFQ Program Permits***

- [ ] **Halibut/Sablefish QS Certificate:** Units \_\_\_\_\_  
 Area \_\_\_\_\_ Species \_\_\_\_\_  
 Is this QS Certificate requested for pending QS/IFQ transfer? [ ] Yes [ ] No
- [ ] **Halibut/Sablefish IFQ Fishing Permit:** Permit Number \_\_\_\_\_ Species \_\_\_\_\_
- [ ] **Halibut/Sablefish IFQ/CDQ Landing Card for individual permit holder:**  
 Permit Number \_\_\_\_\_ Species \_\_\_\_\_
- [ ] **Halibut/Sablefish Transfer Eligibility Certificate (TEC):** NMFS Person ID \_\_\_\_\_
- [ ] **Registered Buyer Permit:** Permit Number \_\_\_\_\_

***PART III—Federal Groundfish Permits***

- [ ] **Federal Fisheries Permit (FFP):** Permit Number \_\_\_\_\_
- [ ] **Federal Processor Permit (FPP):** Permit Number \_\_\_\_\_  
 Vessel ADF&G Number (if stationary floating processor) \_\_\_\_\_
- [ ] **Groundfish License Limitation License (LLP):** Groundfish License Number \_\_\_\_\_
- [ ] **American Fisheries Act (AFA) Inshore Cooperative:** Permit Number \_\_\_\_\_
- [ ] **American Fisheries Act (AFA) Catcher Vessel Permit:** Permit Number \_\_\_\_\_  
 Vessel Name \_\_\_\_\_ USCG No. \_\_\_\_\_ ADF&G No. \_\_\_\_\_
- [ ] **American Fisheries Act (AFA) Catcher Processor Permit:** Permit Number \_\_\_\_\_  
 Vessel Name \_\_\_\_\_ USCG No. \_\_\_\_\_ ADF&G No. \_\_\_\_\_
- [ ] **American Fisheries Act (AFA) Inshore Processor:** Permit Number \_\_\_\_\_
- [ ] **American Fisheries Act (AFA) Mothership:** Permit Number \_\_\_\_\_  
 Vessel Name \_\_\_\_\_ USCG No. \_\_\_\_\_ ADF&G No. \_\_\_\_\_

***PART IV—Halibut Subsistence***

- [ ] **Subsistence Halibut Registration Certificate (SHARC):** Tribal SHARC Number \_\_\_\_\_  
 Rural Resident SHARC Number \_\_\_\_\_
- [ ] **Subsistence Halibut Ceremonial Permit:** Permit Number \_\_\_\_\_

***BLOCK C—REASON FOR REPLACEMENT REQUEST***

- [ ] Lost [ ] Destroyed [ ] Stolen [ ] Other (explain)

***BLOCK D—SIGNATURE OF APPLICANT***

*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 Agent:

2. Date:

3. Printed Name of Applicant or Authorized Agent (Note: If this is completed by an agent, attach authorization):



## INSTRUCTIONS

### Application for Replacement of Certificates, Permits, or Cards

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

**Allow at least 10 business days for your application to be processed.** Items will be sent by U.S. First-Class Mail, unless alternative mailing instructions are provided with RAM's receipt of the application *and* include a prepaid mailer with the appropriate postage or a corporate account number for express delivery.

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

Mail completed applications to:

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

#### ***BLOCK A—IDENTIFICATION OF APPLICANT***

Provide the information requested below regarding the replacement of the item(s) requested.

1. Name:

The name of the individual, corporation, or partnership that is the holder of the permit, card, certificate, and/or license being replaced.

**Note:** If a landing card is being replaced for a hired skipper, the applicant completing and signing the application **must** be the CDQ/IFQ permit holder.

2. NMFS Person ID:

The identification number assigned to the applicant by National Marine Fisheries Service, RAM.

3. Date of Birth:

If the applicant is an individual person, enter that person's date of birth.

#### 4. SSN or Tax ID:

**Privacy Act Statement:** Federal Regulations (50 CFR § 679) authorize but do not require collection of this information. The information is used to verify the identity of applicants and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number, disclosure is voluntary; in the event it is not provided NMFS will assign a unique code that will identify the records.

#### 5. Business Mailing Address:

Enter the business mailing address, including street or P.O. Box number, state, and zip code, where the item(s) should be sent. Check whether the address provided is a permanent or temporary address. 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 only and we will not change the RAM database.

#### 6-7. Business Telephone and Fax Numbers:

Include applicant's business telephone and fax numbers including the area codes.

**Note:** It is important to provide a number where a message can be left to avoid delay in processing the application if any questions arise.

### ***BLOCK B - REPLACEMENT REQUEST***

Check the block for each of the items you are requesting to be replaced. Fill out **only** the information that pertains to the items that have been checked.

### ***BLOCK C - REASON FOR REPLACEMENT REQUEST***

Indicate the reason(s) for replacement of the items checked in Block B.

### ***BLOCK D - SIGNATURE OF APPLICANT***

#### 1-2. Signature of Applicant or Authorized Agent:

The applicant or authorized agent must sign and date the application certifying all information set forth in the application is true, correct, and complete to the best of the applicant's knowledge and belief. The application will not be considered without the applicant's or authorized agent's signature.

**Note:** If a representative is acting on behalf of the applicant, written authorization signed by the applicant must be submitted with the application.