
	<p>APPLICATION TO TRANSFER AMENDMENT 80 COOPERATIVE QUOTA (CQ)</p>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 Telephone: 800-304-4846 toll free or 907-586-7202 Fax: 907-586-7354	
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BLOCK A – TRANSFEROR INFORMATION			
1. Name of Transferor	2. NMFS Person ID		
3. Name of Amendment 80 Cooperative’s Designated Representative			
4. Permanent Business Mailing Address	5. Temporary Business Mailing Address		
6. Business Telephone Number:	7. Business Fax Number:	8. e-mail Address (if available)	

BLOCK B – TRANSFEREE INFORMATION			
1. Name of Transferee	2. NMFS Person ID		
3. Name of Amendment 80 Cooperative’s Designated Representative			
4. Permanent Business Mailing Address	5. Temporary Business Mailing Address		
6. Business Telephone Number:	7. Business Fax Number:	8. e-mail Address (if available)	

BLOCK E – CERTIFICATION OF TRANSFEROR (SELLER)

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

1. Signature of Transferor Designated Representative:

2. Date:

3. Printed Name of Transferor Designated Representative; attach authorization:

BLOCK F – CERTIFICATION OF TRANSFEREE (BUYER)

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

1. Signature of Transferee Designated Representative:

2. Date:

3. Printed Name of Transferee Designated Representative; attach authorization:

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.*) as amended by Public Law 109-479; 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.

**Instructions for
APPLICATION FOR TRANSFER
OF AMENDMENT 80 COOPERATIVE QUOTA (CQ)**

An Amendment 80 cooperative may transfer all or part of its CQ to another Amendment 80 cooperative. Amendment 80 cooperatives may transfer CQ during a calendar year with the following restrictions:

- (1) An Amendment 80 cooperative may only transfer CQ to another Amendment 80 cooperative;
- (2) An Amendment 80 cooperative may only receive CQ from another Amendment 80 cooperative;
- (3) An Amendment 80 cooperative receiving Amendment 80 species CQ by transfer must assign that Amendment 80 species CQ to a member(s) of the Amendment 80 cooperative for the purposes of use caps calculation as established under § 679.92(a); and
- (4) An application for CQ transfer must be approved by NMFS.

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

When completed, mail, fax, or deliver the application to

**NMFS Alaska Region
Restricted Access Management
P.O. Box 21668
Juneau, AK 99802-1668
or
709 W 9th Street, Rm 713

Fax No. (907) 586-7354**

Please allow at least ten 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.

NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of CQ is not effective until approved by NMFS. An application for CQ transfer requires that the following information be provided:

BLOCK A – TRANSFEROR INFORMATION

- Name and NMFS Person ID of Transferor
- Name of Amendment 80 Cooperative’s designated representative
- Permanent business mailing address and temporary business mailing address (if appropriate)
- Business telephone number, business fax number, and e-mail address (if available)

BLOCK B – TRANSFEREE INFORMATION

Name and NMFS Person ID of Transferee

Name of Amendment 80 Cooperative’s designated representative

Permanent business mailing address and temporary business mailing address (if appropriate)

Business telephone number, business fax number, and e-mail address (if available)

BLOCK C – CQ TO BE TRANSFERRED

Type and amount of Amendment 80 Species CQ to be transferred

Type and amount of Amendment 80 PSC CQ to be transferred

Number of QS units from which this CQ is derived

BLOCK D – IDENTIFICATION OF AMENDMENT 80 COOPERATIVE MEMBER

For purposes of applying Amendment 80 species use caps established under the Amendment 80 Program under § 679.92(a):

Enter the name and NMFS Person ID of the member(s) of the receiving Amendment 80 cooperative to whose use cap Amendment 80 species CQ will be assigned, and

The amount of Amendment 80 species CQ applied to each member.

BLOCK E – CERTIFICATION OF TRANSFEROR

Printed name and signature of Transferor Designated Representative and date signed.

BLOCK F – CERTIFICATION OF TRANSFEREE

Printed name and signature of Transferee Designated Representative and date signed.