
	<p><b>APPLICATION FOR                  IFQ/CDQ HIRED MASTER                  PERMIT</b></p>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management Program (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
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<b>BLOCK A -- PURPOSE OF APPLICATION</b>	
Add Permit Holder [ <input type="checkbox"/> ]	Delete Permit Holder [ <input type="checkbox"/> ]
Indicate permit(s) to which this action applies:	
Sablefish Permit Number _____ Category A B C D	Halibut Permit Number _____ Category A B C D

<b>BLOCK B - PERMIT HOLDER INFORMATION</b>		
1. Name of IFQ Permit Holder:	2. NMFS Person ID:	
3. Business Mailing Address: Permanent [ <input type="checkbox"/> ] Temporary [ <input type="checkbox"/> ]		
4. Business Telephone No.:	5. Business Fax No.:	6. E-mail address (if available):

<b>BLOCK C -- IDENTIFICATION OF VESSEL                  UPON WHICH IFQ/CDQ HALIBUT OR SABLEFISH WILL BE FISHED</b>			
1. Vessel Name:	2. LOA:	3. ADF&G No.:	4. USCG No.:
5. Does the IFQ Permit Holder hold an ownership interest of at least 20% in the named vessel? YES [ <input type="checkbox"/> ] NO [ <input type="checkbox"/> ] If YES, to demonstrate percent of vessel ownership by IFQ permit holder, a copy of the USCG <i>Abstract of Title or Certificate of Documentation</i> <b><u>must be included</u></b> with this application			

**BLOCK D – HIRED MASTER INFORMATION**

*(If you have more than one hired master permit holder, use the additional permit holder sections below)*

1. Full name of Hired Master Permit Holder:		2. NMFS Person ID:
3. Business Mailing Address: Permanent [ ] Temporary [ ]		
4. Business Telephone No.:	5. Business Fax No.:	6. E-mail address (if available)

**HIRED MASTER INFORMATION (CONTINUED)**

*(If you have more than one hired master permit holder, use the additional permit holder sections below)*

1. Full name of Hired Master Permit Holder:		2. NMFS Person ID:
3. Business Mailing Address: Permanent [ ] Temporary [ ]		
4. Business Telephone No.:	5. Business Fax No.:	6. E-mail address (if available)

**HIRED MASTER INFORMATION (CONTINUED)**

*(If you have more than one hired master permit holder, use the additional permit holder sections below)*

1. Full name of Permit Holder:		2. NMFS Person ID:
3. Business Mailing Address: Permanent [ ] Temporary [ ]		
4. Business Telephone No.:	5. Business Fax No.:	6. E-mail address (if available)

**BLOCK E – CERTIFICATION OF PERMIT HOLDER & NOTARY**

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): If agent, attach authorization.

4. Notary Public Signature:

**ATTEST**

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

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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 as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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**INSTRUCTIONS**  
**Application for IFQ/CDQ Hired Master Permit**

This application must be used to obtain Pacific halibut and sablefish Individual Fishing Quota (IFQ) and Western Alaska Community Development Quota (CDQ) hired masters (hired skippers) where authorized under regulations at 50 CFR Part 679; and to obtain permits for halibut CDQ fishing. IFQ permit holders who are not individuals **MUST** designate a skipper to fish their IFQ or obtain a hired master permit to access their account. RAM will not automatically send a permit to the representative or the agent of non-individual quota share (QS) holders. 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 original application and proof of vessel ownership to:

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

**Or deliver to:**

**709 West 9<sup>th</sup> Street, Room 713**  
**Juneau, AK 99801**

- 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.**

***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. 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.
- 4-6. Business Telephone No. Fax No., and E-mail Address - Enter business telephone number, fax number, and E-mail address 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 (LOA) of the vessel.
3. Alaska Department of Fish & Game (ADF&G) vessel registration number of the vessel.
4. Official United States Coast Guard (USCG) documentation number of the vessel.
5. State whether 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.

Proof of Ownership – Except for Category A permit holders and C DQ permit holders, 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. Category "A" (freezer vessel) permit holders and CDQ permit holders do not need to send proof of vessel ownership but MUST provide the vessel information requested in Block C. 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.

### ***BLOCK D – HIRED MASTER PERMIT HOLDER INFORMATION***

Complete this section for each hired master permit holder you are requesting to have an IFQ Hired Master Permit.

**NOTE: CDQ permit holders may attach to this application a list of requested hired master permit holders.** The list **MUST** include the full name, address, and date of birth of each of the individuals listed.

1. Name of Hired Master Permit Holder - Name of the hired master as you wish it to appear on the IFQ hired master permit. Individual IFQ holders may not designate a skipper to harvest IFQ in Regulatory Areas 2C (for halibut) or SE (for sablefish).
2. NMFS Person ID - The identification number assigned to you by RAM.
3. 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 hired master permit holder's permanent address** unless you provide alternate instructions. **CDQ hired master permits** will be sent to the CDQ corporation.
- 4-6. Business Telephone No., Fax No. and E-mail Address - Business telephone number, fax number, and E-mail address where the permit holder can be reached, including area code.

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

Complete the Certification, following the guidance set out on the form; note that all information provided on the application is submitted under penalty of perjury.

RAM will not process an application that does not bear original signatures (faxed applications will be returned); all signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).

An application submitted and signed by a representative of the permit holder will not be processed unless clear and unambiguous certification of the representative's authority to do so is provided.