


<b>APPLICATION FOR IFQ/CDQ REGISTERED BUYER PERMIT</b>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
Is this application a renewal? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, enter Registered Buyer Number _____		
<b>BLOCK A - APPLICANT IDENTIFICATION</b>		
1. Name of Registered Buyer:		2. NMFS Person ID:
3. Name of Contact Person:		
4. Business Mailing Address: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>		5. Physical Location of Facility:
6. Business Telephone No.:	7. Business Fax No.:	8. E-mail Address (if available):
<b>BLOCK B - TYPE OF ACTIVITY</b> <i>(Check ALL that apply)</i>		
1. <input type="checkbox"/> Hired Master making dockside sales (catcher-seller)  or 2. <input type="checkbox"/> Hired Master transferring IFQ/CDQ fish outside Alaska (permit holder or vessel operator)  or 3. <input type="checkbox"/> Person receiving fish from harvester as a (check all that apply): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Buyer-Broker  <input type="checkbox"/> Restaurant  <input type="checkbox"/> Shore plant/Stationary Floating Processor         </div> <div> <input type="checkbox"/> Catcher/Processor  <input type="checkbox"/> Mothership  <input type="checkbox"/> Other (please describe)         </div> <div> <input type="checkbox"/> Retail Operation  <input type="checkbox"/> Tender         </div> </div>		
<b>BLOCK C - PASSWORD</b>		
Do you currently have a Password to report landings on-line? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, supply password (must be eight characters long, and will be case sensitive).		

**BLOCK D - SIGNATURE**

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 (Note: If this is completed by an agent, attach authorization.):

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

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<p style="text-align: center;"><b>INSTRUCTIONS</b> <b>Application for IFQ/CDQ Registered Buyer Permit</b></p>
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Use this application to apply for or renew a Registered Buyer permit under federal regulations governing the Individual Fishing Quota (IFQ) Program and the Western Alaska Community Development Quota (CDQ) Program (50 CFR part 679).

This Registered Buyer Permit is required for:

- Each person who receives IFQ Pacific halibut, IFQ sablefish, or CDQ Pacific halibut from the harvester within Alaska.
- Each IFQ/CDQ permit holder who harvests IFQ/CDQ fish and then transfers those fish in dockside sales to individuals for personal consumption, outside an IFQ regulatory area, or outside the State of Alaska.
- Each vessel operator when IFQ Pacific halibut, IFQ sablefish, or CDQ Pacific halibut are transferred outside the State of Alaska.
- Each facility (i.e., tender, mothership, shoreplant, etc.) that receives IFQ Pacific halibut, IFQ sablefish, or CDQ Pacific halibut in Alaska is required to have its own Registered Buyer permit number.

**NOTE:** entities receiving IFQ Pacific halibut, IFQ sablefish, or CDQ Pacific halibut at locations outside Alaska do not need these permits and will not be issued them. In such cases the vessel operator must be a Registered Buyer.

Type or print legibly in ink; retain a copy of completed application for your records.

When completed, mail the original application form to:

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

or fax to:

**Fax No.: (907) 586-7354**

or deliver to:

**Room 713, Federal Building  
709 West 9th Street**

If you need additional information, contact 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, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

## **BLOCK A - APPLICANT IDENTIFICATION**

1. Name of Registered Buyer - Name of the IFQ or CDQ hired master (see above listings for additional information).
2. NMFS Person ID - NMFS will supply this number, if you do not already have one.
3. Name of Contact Person - Name of a person we may contact regarding this application, such as the business owner, or manager.
4. Business Mailing Address - Including state and zip code. If you check "Permanent Address," we will update the official RAM database. If you check "Temporary Address," we will use it for this one application and we will not change the RAM database.
5. Physical Location of Facility - If there is no fixed location facility (as with some buyers), or if the activity occurs at multiple locations (as with some motherships), indicate the most frequently used location. Enter the physical location of the facility where the registered buyer operation occurs.
- 6-8. Business Telephone No., Fax No., and e-mail Address - Include area codes as appropriate.

## **BLOCK B - TYPE OF ACTIVITY**

Select all of the activities that best describe your anticipated Registered Buyer activity.

## **BLOCK C – PASSWORD**

Indicate whether or not you have a Password. A Password is required to make on-line IFQ/CDQ halibut and sablefish landings.

If YES, provide password

If you do not have a Password and you need one, NMFS will assign one or you can request a customized one. The password you select must be at least eight (8) characters and will be case sensitive. When selecting password choose something that you can easily remember.

## **BLOCK D - SIGNATURE**

- 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 or agent is acting on behalf of the applicant, written authorization signed by the applicant must be submitted with the application.
3. Printed name of the Applicant or Authorized Agent - Print or type the full name of the applicant or authorized agent signing on behalf of the applicant.