
 <p>APPLICATION FOR REPLACEMENT OF CERTIFICATES, PERMITS, OR CARDS</p>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, Alaska 99802-1668	
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BLOCK A - IDENTIFICATION OF APPLICANT

1. Name:	2. NMFS Person ID:
	3. Date of Birth or Date of Incorporation:
5. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	6. Business Telephone No:
	7. Business Fax No:
	8. E-mail Address (if available)

BLOCK B - REPLACEMENT REQUEST
[Check Only the Items that Apply]

Part I – BSAI Crab Permits and Scallop Permits

Crab QS Reports: Units _____ Fishery _____
 Is this QS Report requested for a pending QS/IFQ transfer? Yes No

Crab PQS Report: Units _____ Fishery _____
 Is this QS Report requested for a pending QS/IFQ transfer? Yes No

Crab Annual IFQ Fishing Permit: Permit No. _____

Crab Annual IPQ Fishing Permit: Permit No. _____

Registered Crab Receiver: Permit No. _____

Crab Federal Vessel Permit: Permit No. _____ Vessel ADF&G No. _____

Crab IFQ Hired Master Permit: Permit No. _____
 Skipper Name _____
 Skipper NMFS _____ (Application to be completed and signed by permit holder)

Crab QS or PQS Transfer Eligibility Certificate (TEC)

Crab License Limitation License (LLP): License No. _____

Scallop License Limitation License (SLLP): License No. _____

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 No. _____
- Halibut/Sablefish IFQ/CDQ Hired Master Permit** for individual permit holder:
Permit No. _____ Species _____
- Halibut/Sablefish Transfer Eligibility Certificate (TEC):** NMFS Person ID _____
- Registered Buyer Permit:** Permit No. _____

PART III – Federal Groundfish Permits

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

PART IV – Halibut Subsistence

- Subsistence Halibut Registration Certificate (SHARC):**
Tribal SHARC No. _____ Rural Resident SHARC No. _____
- Subsistence Halibut Ceremonial Permit:** Permit No. _____

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):

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 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.*). 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.

INSTRUCTIONS
Application for Replacement of Certificates, Permits, or Cards

This application will be used to request a replacement for a certificate, permit, or card that was previously issued by NMFS and that subsequently was lost, destroyed, or stolen.

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

When completed, mail application to:

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

or fax to:

Fax No.: (907) 586-7354

or deliver to:

709 West 9th Street, Room 713
Juneau, AK 99801

Allow at least 10 business days for your application to be processed.

Items will be sent by 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 RAM at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

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

BLOCK A - IDENTIFICATION OF APPLICANT

1. Name: The full name of the applicant that is the holder of the permit, certificate, or license being replaced.
2. NMFS Person ID: The identification number assigned to the applicant by NMFS, RAM.
3. 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 Number, Business Fax Number, and business e-mail Address: Enter the business telephone and fax numbers including the area codes, and the e-mail address.

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 (Parts I through IV)

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

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.

Printed Name of Applicant or Authorized Agent: Print or type the full name of the applicant or authorized agent signing on behalf of the applicant.