


<p><b>Application for                  CONVERTED CPO QUOTA SHARE (QS) AND                  CPO IFQ</b></p>	<p><b>U.S. Department of Commerce                  NOAA Fisheries Service, Alaska Region                  Restricted Access Management (RAM)                  Post Office Box 21668                  Juneau, Alaska 99802-1668</b></p> 
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**Annual Application Deadline – August 1**

**This application must be submitted with a completed Annual Application for an IFQ/IPQ Permit.**

**NOTE:** This application will not be considered to be complete until NMFS has verified that:

1. the applicant(s) has submitted all required Economic Data Reports; and,
2. the applicant(s) has paid all outstanding fee obligations.

***BLOCK A – IDENTIFICATION OF ENTITY***

Indicate below which of the entities, as described in § 680.40(c)(5)(ii) through (c)(5)(iv), is applying for converted CPO QS/IFQ. Note: Only persons who are members of one or more of the entities below may apply for converted CPO QS/IFQ.

Entity A: Yardarm Knot, Inc. and any person who is affiliated with Yardarm Knot, Inc.

Entity B: Blue Dutch, LLC and any person who is affiliated with Blue Dutch, LLC.

Entity C: Trident Seafoods, Inc. and any person who is affiliated with Trident Seafoods, Inc.

***BLOCK B<sub>1</sub> – ENTITY MEMBER INFORMATION***

1. Name of Member:	2. NMFS Person ID Number:			
3. Permanent Business Mailing Address:	4. Temporary Business Mailing Address (see instructions):			
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:		
8. Identify the North Region BBR or BSS CVO QS or PQS offered for Conversion by this member:				
<u>Fishery</u>	<u>Sector</u>	<u>Region</u>	<u>Beginning Serial Number</u>	<u>Ending Serial Number</u>
_____	_____	North	_____	_____
_____	_____	North	_____	_____
9. What percentage of the converted CPO QS/IFQ should be issued to this entity member? _____				

**BLOCK B<sub>2</sub> – ENTITY MEMBER INFORMATION**

1. Name of Member:		2. NMFS Person ID Number:		
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address (see instructions):		
5. Business Telephone Number:	6. Business <input type="checkbox"/> Fax Number:	7. Business E-mail Address:		
8. Identify the North Region BBR or BSS CVO QS or PQS offered for Conversion by this member:				
<u>Fishery</u>	<u>Sector</u>	<u>Region</u>	<u>Beginning Serial Number</u>	<u>Ending Serial Number</u>
_____	_____	North	_____	_____
_____	_____	North	_____	_____
9. What percentage of the converted CPO QS/IFQ should be issued to this entity member? _____				

**BLOCK B<sub>3</sub> – ENTITY MEMBER INFORMATION**

1. Name of Member:		2. NMFS Person ID Number:		
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address (see instructions):		
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:		
8. Identify the North Region BBR or BSS CVO QS or PQS offered for Conversion by this member:				
<u>Fishery</u>	<u>Sector</u>	<u>Region</u>	<u>Beginning Serial Number</u>	<u>Ending Serial Number</u>
_____	_____	North	_____	_____
_____	_____	North	_____	_____
9. What percentage of the converted CPO QS/IFQ should be issued to this entity member? _____				

**BLOCK C - SIGNATURE OF ENTITY MEMBERS**

*(each member contributing CVO QS or PQS to this request must sign and date this form)*

***Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.***

1. Signature of Member:

2. Date:

3. Printed Name of Applicant: (**Note:** If this is completed by an authorized representative, attach authorization.):

***Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.***

1. Signature of Member:

2. Date:

3. Printed Name of Applicant: (**Note:** If this is completed by an authorized representative, attach authorization.):

***Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.***

1. Signature of Member:

2. Date:

3. Printed Name of Applicant: (**Note:** If this is completed by an authorized representative, 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 estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA Fisheries Service (NMFS), 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 402(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.

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**Instructions**  
**Application for Converted CPO Quota Share (QS)**  
**And CPO IFQ**

**This Application is due August 1<sup>st</sup>.**

**This Application must be submitted with a completed Annual Application for IFQ/IPQ Permit.**

Under 50 CFR 680.40(c)(5), any persons who are members of or affiliated with the following entities, as described in 50 CFR 680.40(c), may request an issuance of converted CPO QS on an application for IFQ/IPQ for that crab fishing year:

- Entity A: Yardarm Knot, Inc. and any person who is affiliated with Yardarm Knot, Inc.;
- Entity B: Blue Dutch, LLC and any person who is affiliated with Blue Dutch, LLC; and
- Entity C: Trident Seafoods, Inc. and any person who is affiliated with Trident Seafoods, Inc.

Such requests must meet the criteria listed in regulations at 50 CFR 680.40 in order to be approved.

**NOTE:** RAM will not consider an application to be complete unless and until it has been determined that:

1. the applicant has submitted all required Economic Data Reports; and,
2. the applicant has paid all outstanding fee obligations (if any).

### **Completing the Application**

#### **Block A – IDENTIFICATION OF ENTITY**

Indicate below which of the entities, as described in § 680.40(c)(5)(ii) through (c)(5)(iv), is applying for converted CPO QS/IFQ. Note: Only persons who are members of one or more of the entities below may apply for converted CPO QS/IFQ.

- Entity A: Yardarm Knot, Inc. and any person who is affiliated with Yardarm Knot, Inc.;
- Entity B: Blue Dutch, LLC and any person who is affiliated with Blue Dutch, LLC; and
- Entity C: Trident Seafoods, Inc. and any person who is affiliated with Trident Seafoods, Inc.

#### **Block B – ENTITY MEMBER INFORMATION (attach additional pages if necessary)**

1. Provide the Entity Member's name.
2. Provide the Entity Member's NMFS Person ID Number.
3. Provide the Entity Member's permanent mailing address.
4. Provide the Entity Member's temporary mailing address (if any); if this information is provided, it will be to this address to which the IFQ/IPQ permit(s) will be mailed.
- 5-7. Provide the business telephone number, fax number, and e-mail address (if available) for the Entity Member or the Entity Member's designated representative.
8. Indicate the Bristol Bay Red (BBR) king crab or Bering Sea Snow (BSS) crab North Region CVO Quota Share (QS) and Processing Quota Share (PQS) that you wish to have converted to CPO QS/IFQ for the current fishing year.

9. Indicate the percentage of converted CPO QS/IPQ that should be issued to each Entity Member listed on this application form.

**Block C – SIGNATURE OF ENTITY MEMBERS**

Each Entity Member that is submitting CVO QS or PQS for conversion to CPQ QS/IFQ must print and sign her or his name and enter the date the application was signed. If the application is completed by the Entity Member’s authorized agent, attach proof of authorization.

Submit the completed application, which must be received **no later than August 1**, to:

Mailing Address

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

Physical location

NOAA Fisheries, Alaska Region (NMFS/RAM)  
Federal Building  
709 W. 9<sup>th</sup> Street, Suite 713  
Juneau, Alaska 99801